Quarantine/Isolation Medical Sites

for People Without a Place to Shelter

Based on COVID-19 Response 2020-2022

Health Services
LOS ANGELES COUNTY

HOUSING FOR HEALTH

Selection • Setup • Management • Closure

Quarantine/Isolation Medical Sites

for People Without a Place to Shelter

Based on COVID-19 Response 2020-2022

FOREWORD

“Success and greatness are achieved in the agency of others.”

– Scott Galloway, Professor of Marketing at NYU Stern.

When you think about it, nearly every great achievement in human history occurred when people came together to support a common goal, a mission.

Over the course of the COVID-19 pandemic, the Quarantine and Isolation Medical Shelter program served over 10,000 patients with SARS-CoV-2 from all over Los Angeles County. Every life touched, resulted in the saving of families, friendships, careers, dreams, and others got a chance to begin afresh. The impact is unimaginable and would not have been possible without a committed team.

The site managers, COVID Techs, caregivers, nurses, providers, case managers, and security guards – a group of different people from different backgrounds with different experiences, skills, talents, and ideas, rallied together to work on a solution that opened every door that was shut on a hope or a dream.

They are heroes.

– Eric Espinosa,

Director of Quarantine and Isolation Medical Shelters

SHORT HISTORY

Los Angeles County utilized a variety of sites during the Q/I program, such as County and leased commercial facilities including hotels, motels, congregate sites with bunk beds, hospital rehabilitation rooms (2-3 single beds/room), and motor homes in an oceanside County park *(see Bibliography - Internal Documents - QI Site Summary Guidelines_Summer 2020).*

The County Q/I program started with a few RVs, providing separate living units that could be readily rented and moved around. RVs were parked at County medical facilities, which provided readily available staff, equipment, supplies, and security. However, the volume of need outweighed the availability of space. The Q/I program quickly transitioned to using a beach front County park (which could be closed to the public quickly) with a large parking lot to assemble a much larger group of RVs. This solution addressed the volume of need but ran into other obstacles, including poor security, weather (cold, rain, and wind due to winter), access by staff, linen distribution and collection, supplies and equipment storage, security, etc.

After a month or so, some hotels and motels started to show interest in longer-term, full-scale rental to a reliable tenant, i.e., the County. We converted 3 hotels and 1 motel to Q/I sites, addressing many of key concerns. However, challenges around community concern of infection transmission accompanied the ramp up in hotel/motel conversion.

Two smaller hotels were consolidated into one large hotel (220 rooms, ballrooms, offices, storage, etc.) which was situated away from nearby residences in a large County park area, well back from neighboring streets. This site worked well as our census doubled and then doubled again in less than a month. However, as we lay out later in this section, a hotel type Q/I site has a number of key drawbacks. When we closed down this large hotel, we leveraged several smaller motel style units in areas where there were no residential neighbors, or in busy commercial areas where a Q/I site was inconspicuous.

A note on using this text: Lessons Learned

Throughout this text, watch out for these lightbulb markers, in addition to text that is bolded and colored in this fashion. Sections marked by these logos and highlighted in red will point out important 'Lessons Learned' that we've gathered throughout the duration of the Q/I program. At the conclusion of every chapter, you will find that all 'Lessons Learned' mentioned are collected on the last page of every chapter for an end-of-chapter review.

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DAY 0 CHECKLIST – Establishing Q/I Medical Sites

Priority 1:

Define Senior Management Team – Case Management, Clinical, Finance, Government Services, Site Management (Operations)

Priority 2:

Choosing a Site: Based on estimated room needs for 2 months; best location in catchment area; highest rated option (all else equal, motel style is most advantageous)

Priority 2B:

- Staffing
- 24 x 7 Operation (Based on a 70 room site, up to 90 clients)

Site Management

- 1x Director
- 1x Site Director
- 2x Site Managers / Shift
- 1x Transport

Clinical

- 1x Director
- 1x Provider/Day Shift
- TBD x Nurses/Shift
- TBD x MA's/Shift
- 1x DMH/Day Shift

Case Management

- 1 Director
- 2-3 FTE's / Shift

Priority 3:

- Supplies & Equipment
- Consumables
- Fixed Assets

Site Management

- Cleaning Materials
- Clothing
- Hygiene Material (e.g., Toothpaste, Meals, Snacks & Drinks)
- Computer Network & Equipment

Clinical

- OTC Medications
- Rx Medications
- Basic Clinical Supplies
- Basic Medical Equipment
- Office Supplies

Case Management

Office Supplies

Priority 4:

Management (Immediate Needs, + Recog-nizing Possible Transition to Long-Term Response)

Site Management

- Client Census Reporting Room/Bed Tracking
- Financial Information
- Procurement/Inven-tory
- Services/Vendor Tracking

Clinical

- Medical Records
- Intake/Discharge Log (HIPAA Applies)

Case Management

Homeless Services Data

QUARANTINE AND ISOLATION (Q/I)

Early Days - Day 0+

01

PHASE I — **Research & Acquire Site**

- Hire initial team
- Acquire Basic Supplies/Equipment

PHASE II — **Open Site**

- Ramp Up
- Complete Setup

PHASE III — **Scaling and/or Stabilizing**

PHASE IV — **Full Operation**

PHASE V — **Shut Down**

01 EARLY DAYS - DAY 0+

A. Immediate Concerns

Advice for the early days of a pandemic response

- **Expect change and be flexible** – Information and circumstances will change very quickly , so it is important not to be rigid.
- **Don't panic** - As a leader, the staff will follow your lead. If leadership paves the way, staff are empowered to follow.
- **Take care of yourself**
- **Create a positive work environment** – Food, snacks, and fun, such as holiday decoration contests between Q/I teams, helped a lot with morale. It may seem small but it made a big difference - especially the ice cream!
- **Get good advice as soon as possible** – You won't have all the experts you need at the beginning; – we found out the hard way that storing surgical gloves in a high temperature environment (a steel shipping container placed in a sunny, summer parking lot) led to early breakdown of the material.

Mission

To clearly define the Q/I mission and to communicate it regularly because staff will be increasing in size and changing in personnel every day.

Clinical or Nonclinical Program
What is the primary driver for all activities? We defined our program as a "medical" quarantine/isolation operation.

Population Types
Define the range of populations to be housed, e.g., families; parolees; people experiencing homelessness that are sheltered and unsheltered; people who can't go home without putting a housemate at risk; sex offenders; etc.

Present Support of Clients As Goal Versus Long Term Cure
Define the goal for clinical and mental health services: The Q/I site is meant to assist clients during their stay, support them in completing the full Q/I time period, and position them for reasonable next steps, instead of effecting a full cure of substance abuse or behavioral issues.

Questions to Ask

Regarding the Community of People Experiencing Homelessness

What is the imminent health threat that people experiencing homelessness are facing and what is the impact of this threat within the larger community?	• Lack of stable lifestyle • Lack of reliable place to live • Co-morbidities • Living at close quarters, both housed and un-housed
What resources do we need today and in the long run, and who can help us obtain these resources?	• County Departments • Nonprofit Partners • State and Federal Government • Private Sector • Religious
What are the potential secondary effects for people experiencing homelessness?	• Possible loss of access to some, if not all, health care • Increased harassment by general population • Reduction of political/social support • Increased violence within the unhoused community
Now, soon, or later...	• Who needs to be involved right now; who needs to be involved later in the process? • What questions need to be answered now, in the next month, and long term? • What can my team do now, or with more time?

Day 1+

Leadership:

Clearly define leadership and communicate it regularly (staff will be increasing and changing roles every day)

- **National Incident Management System (NIMS) Incident Command Structure –** All senior County personnel associated with the Emergency Operations Center (EOC) had some familiarity and training in this approach and some resources were pre-positioned within this format.
- Lines of authority in a fluid, increasingly complex, and challenging response remained relatively clear.
- All departments provided senior personnel who could respond immediately and with experience.
- Quickly divided into a central leadership team, support from existing departments (e.g., Legal, Public Works, Fire, etc.), and field teams (concentrating on getting Q/I sites up and running).
- Have a political officer that is familiar with the County hierarchy and political environment to navigate with experience.

Initial Organization:

We have collected a number of documents outlining the initial implementation plan for the first Q/I sites established by Los Angeles County early in 2020. They may contain information or point to concerns that are not included in this manuscript *(see Bibliography - Internal Documents - all files that begin with Early Days_...;* particularly applicable for the clinical team is *Internal Documents – Harm Reduction - HFH).*

Staff:

- Initially, any staff that was available and willing was on-boarded. However over time, ensuring a good fit through specific skillset, experience, stamina, and enthusiasm became invaluable.

- Los Angeles County assigned Disaster Service Workers (DSWs) to sites to meet immediate staffing needs as the program opened and then scaled up. Some DSW were called back to their regular roles while others were asked to stay on.

- Asking for staff from specific departments can be helpful; for example, the Department of Public Works provided staff with valuable skillsets including the ability to problem solve, get things done, work independently, manage others, maintain contact among diverse County operations, and deal with operational challenges.

Management:

- Senior management took care of strategy, handled major contracts (leases, linens, catering, janitorial, security), and cleared road-blocks for the field teams.
- Ensure staff have clear access to senior County staff with authority and an understanding of how to navigate within the County infrastructure.
- Middle management ran the field operation.
- Junior management ran each individual site.

Supplies & Equipment Requests

Use a central location to collect and display needs - paper, white board, electronic – so that everyone can see what has been requested and its status to avoid delays or duplications, and to increase collaboration among the team.

Teams

Disaster Service Workers (DSW):

Almost all positions were initially filled by county DSWs.

Pros

- Large pool of possible candidates (subject to supervisor approval)
- Wide range of experience and skill set
- Can be activated quickly
- Understand how the County works
- May have contacts in the County that could prove helpful

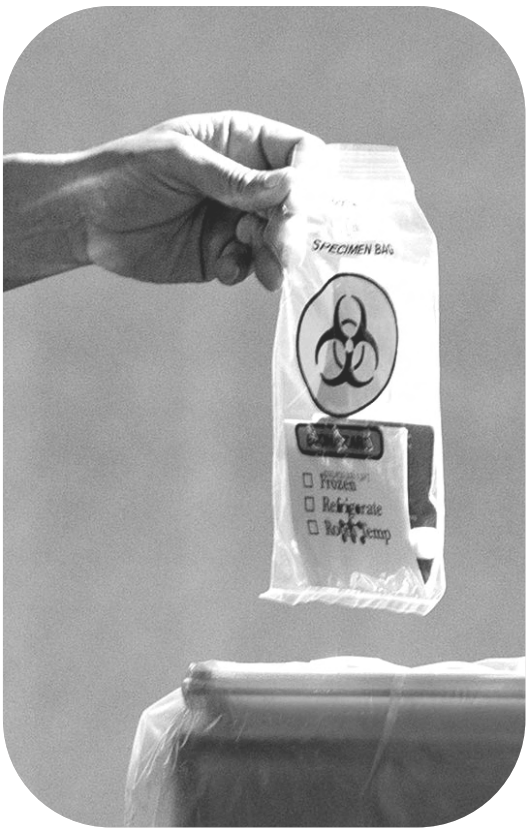
Cons

- May not be able to work outside of a standard 40-hour workweek
- May be volunteering for Q/I deployment without the appropriate skillset, experience, or preparation for the work
- May become key members of the Q/I team and then be recalled to their regular County positions

Implementation:

- Choosing team leaders with proven skills and capacity is key even if a staff member is not a subject matter expert in a particular area.
- Encourage everyone to remain flexible; observe, improvise, communicate, and learn as you go instead of waiting for the “best” solution.

Staff Concerns



Staff may be concerned in the first weeks or months when the scientific understanding is limited and daily changing.

- Have trusted professionals such as firefighters, senior clinicians, long-term staff, union leaders, etc. deliver orientations, trainings, and updates as needed – hearing that “there is a plan” from trusted people can allay many concerns.
- Assign one or two people to stay up to the minute on changing scientific guidelines and understanding of the pathogen and provide necessary information regularly to staff
- Communicate daily, even hourly if needed; be honest, candid, clear, and repetitive. When people are scared, they may need to hear the same information multiple times to counter-act rumors and misunderstandings.
- Whenever possible, designate work at Q/I sites as voluntary, not mandatory; give people options once on-site to address their fears; if staff are not well-integrated members of the team, communicate and re-assign to a different role early on after reason-able efforts to address their concerns.

Implementation Actions Teams

Firefighters – Worked closely with Site Management and heavily participated in the initial site review and continually solved site construction, traffic flow, transportation, safety, etc. issues; provided hands-on and real-time, problem-solving expertise

Site Management (Logistics) - Set-up, supplies and equipment (except for more sophisticated medical items).

Site Management (Purchasing) - Work closely with the nonprofit finance partner

Mental Health – Primary responsibility for the mental health of all clients and staff as needed

Clinical – Responsibility for all medical care during Q/I, referral to the hospital as needed, coordination of clinical appointments, e.g., dialysis, and transition medications upon leaving Q/I *(see Bibliography - Internal Documents - Early Days_ Medical Documentation)*

Case Management – The County leveraged existing, known relationships with homelessness service providers to quickly assemble staff with significant Case Management experience who could lead teams and train new staff

Acquisition of Site – research, identification, site review, and contracting

Clinical Referral – Primary responsibility for coordinating the transfer of sheltered and unsheltered clients who need Q/I

Finance Partner – The County leveraged an existing relationship with a nonprofit partner that could provide Human Resources, purchasing, record keeping, and general fiduciary assistance outside of the normal County requirements that would have restricted a fast response to constantly changing conditions. Partner will need to increase its staff if the pandemic increases in magnitude, or it will become a bottleneck for supporting Q/I services.

B. Q/I Response Transferred

from One County Department to Another

Coordinate

Coordinate with appropriate County offices from Day 1+ to prepare for a possible handoff of responsibility; e.g., from the initial Emergency Operations Center to the Department of Public Health.

- Avoid abrupt hand-offs.
- Document process and procedures in a form that can be easily assimilated by whoever takes over – at all levels (strategic, field leadership, tactical and implementation.)
- Provide clear learnings and guidelines.
- Match personnel from old and new teams for a clean, efficient exchange and ongoing support/reference.

Clear Handoff

- When transferring ownership of the operation from one department/agency to another, be thorough in assigning who will take formal responsibility for each component or activity. It is easy to forget to assign a specific person to each facet of a growing, changing operation.
- Make sure appropriate and necessary records, forms, protocols, etc. are transferred.
- Define how inventory and fixed assets are to be handled.
- If possible, allow key staff to remain on the job long enough for an effective transfer of knowledge and experience.

C. Facilities

Finding Facilities Suitable for Q/I

- In the first weeks of the pandemic, there were no rental or leasable facilities available that could provide accommodations with bathrooms.
- Existing homeless shelters were not seen as possible Q/I sites due to the possibility of rapid spread of infection.
- Hotels, motels, and AirBnB facilities were not yet aware that they might be closed for extended periods due to restricted travel.
- Start working on Plans B & C as soon as you begin to implement your first approach; your first plan may not be adequate or new options may open more quickly than assumed.

Use a central location to collect and display needs - paper, white board, electronic – so that everyone can see what has been requested and its status to avoid delays or duplications, and to increase collaboration among the team. (*Supplies And Equipment Requests, page 12*)

Evolution

of Q/I Site Selection

Day 1

The County initially tried renting Recreational Vehicles to be parked in small numbers at County hospital facilities but this proved ineffective from a support or volume standpoint.

Week 1-2

The County closed a County beach park and a much larger number of Recreational Vehicles were moved on-site. However, due to issues with clients being spread out, difficulty maintaining a secure and safe environment for staff and clients, weather issues with rain and cold, and difficulty maintaining the vehicle equipment, plan development continued.

Week 3-4

Within a few weeks, the County real estate office was beginning to get inquiries from hoteliers who were interested in partnership. At this point, several contracts were signed for hotels and one contract signed for a motel.

Month 2-3

After several months of experience with those two models, it was determined that if available, motels were a better choice for a variety of reasons to be discussed later in this playbook.

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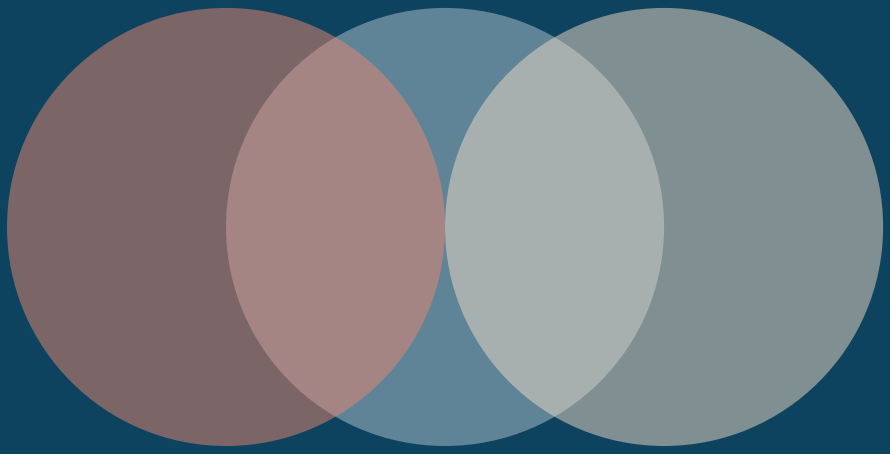
RESEARCHING AND ACQUIRING Q/I SITES

02



02 RESEARCHING AND ACQUIRING

A. General

1. Motel Type Sites May be the Most Advantageous for Q/I Use

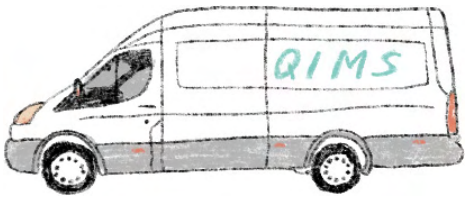
Advantages

Reduced Staff Fear – Staff were less scared of infection and overall safety issues
Location – Can be acquired on a busy commercial street, blocks from any residential areas
Line of Sight – Easy observation by the security team
Clear Perimeter – Often includes a fence
Outdoor Access for Clients – Space for clients to sit outside the rooms to smoke, get some fresh air, relieve boredom, talk at the proper physical distance with a neighbor; without the need for escort or set times during the day
Air Circulation – Reduces the chance of infection, even if client room entry doors are close together
Access – Easy for checking clinical vitals, conversations between staff and clients, delivery of food/snacks, transferring clients to new rooms (due to plumbing, electrical, and insect infestation issues at all times of the day and night)
Close Observation – Easier observation of difficult clients, e.g., shouting, leaving their assigned room, etc. or clients of concern, e.g., chronic illness, detox, etc.
Elevators – Not reliant on elevators, which can present Hot/Cold zone challenges and increased time to reach clients in emergencies

Disadvantages

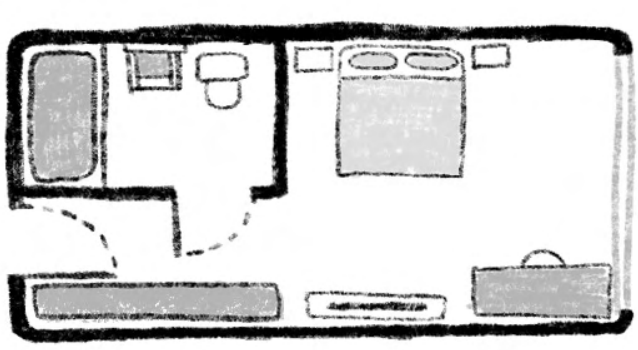
Awkward Line of Sight – Overall layout may give some clients line of sight to staff office areas, which can be problematic.
Wrap Around Wings – Layout may have rooms on both sides of a wing, eliminating the advantage of having line of sight for staff and increasing the walking distance in case of emergency – consider splitting your team in half and treating the motel like two Q/I sites
Weather – Particularly rainy or cold days can be a challenge
Parking – More limited
Office space – More limited; this is not a major issue as we found that staff working in the same area supported ease of communication and team building; we used bedrooms for an indoor staff break area and one private office for conferences, meetings, etc.
Storage Space – We used less useful client rooms for key items, e.g., electronics, patient records, high value items, delicate items, e.g., surgical gloves became brittle with too much heat and storage containers were good for bulk items

2. Geographic distribution will support success when there are multiple sites.



Clients feel more comfortable when placed closer to their normal living area with resulting reduction in clients leaving *against medical advice* (AMA). Transport can be set up over shorter distances.

3. There are no major differences between pursuing single and multiple sites.



Besides the hours and staff needed, researching for multiple sites is no different than researching for one site, as one must look at multiple sites in either case.

Looking to acquire multiple sites can be more advantageous to acquiring one site, as a single contract negotiation may fail and negotiating with multiple vendors will provide greater insight into contract costs and details, and possibly provide leverage in each negotiation.

Maintain a log of all sites, possible and reviewed, for future reference. We opened sites that were not ideal and then moved to new sites as we found more effective locations and site plans. During the first infection surge, we had a list of possible sites to review quickly and acquire.

Include:

Site specific description
- Number of rooms and/or beds
- Layout – a diagram would be ideal
- Number of floors; rooms per floor

Location description
- General neighborhood
- Highway/major street access
- Drop off for client intakes and deliveries of supplies

Information of owners short and longer-term interest

Requirements and restrictions by owner

Advantages and Disadvantages

Estimated cost

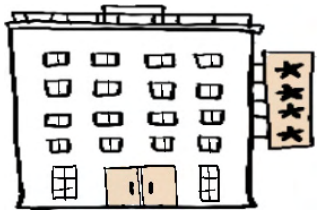
4. Contract

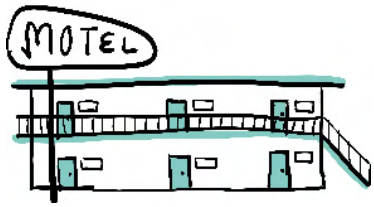
Require lessor to maintain responsibility for keeping facility in proper operating condition without delay
- Equipment may be aging or under serviced; it is better if the lessor covers the cost
- Vendor will have dedicated staff who know the property
- Vendor will have subcontractors for larger repairs/maintenance

- Lessor will provide access to the property as soon as possible even if some work remains to be done to open all or part of the facility to allow set-up to move ahead wherever possible
- Lessor guarantees room readiness as of a specific date; if unit is unavailable on the date, they don't charge for those rooms for the extra days of preparation
    - » Make sure site owners are willing to extend whatever the length of the initial contract – you won't know how long the emergency will last. For the COVID-19 pandemic, no one expected it to go on for many months, let alone, for two years. If this is not possible, begin the preliminary search for a longer-term site(s) immediately.

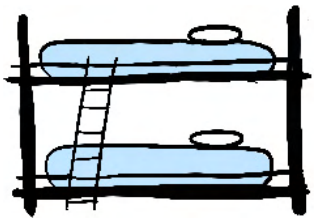
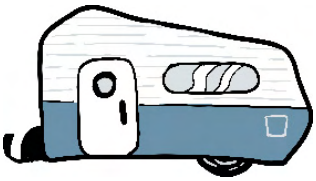
- Require a designated single point of contact for all needs, to assure prompt response from site owners.

B. Comparison of Q/I Sites We Used





	Hotel	Motel
General Description	Multistory; 220 Private Rooms; Office Space; Kitchen Facilities; Maximum Storage; Many Locations	2 & 4 Story; 70-140 Private Rooms; Office Space; Kitchen Facilities; Modest Storage; Many Locations
Use	Largest scale building and site; maximum office, meeting and storage space – problematic for a variety of reasons	Mid-scale building and sight: limited office, meeting and storage (we took bedrooms offline); drawback - may be site accessible to neighbors
Number of Rooms	More client rooms per site	Generally fewer rooms
Room Type & Size Variety	More likely to have varied types, e.g., larger and/or connected rooms for families	May be less conducive for families
Overall Layout of Rooms	More difficult to know what is happening around the property; may need more external security	May be easier to see and hear most, if not all rooms and client behavior
Client Perspective	Although they were more attractive and in better overall condition, a significant percentage of clients found them claustrophobic	A large majority of clients found this type of site most congenial
AMA	Higher Probability	Lower Probability

 Congregate	Non-Clinical Unit in Hospital	 Mobile Home Park
25 Bunkbeds each in 2 Dormitory Rooms; Office Space; Minimal Storage	3 Clients/ Room; 11 Non-clinical Rooms Total	~ 10 Mobile Homes spread between 2 hospital parking lots then ~50 mobile homes collected in a County Beach Parking Lot
Smallest scale building and site; largest number of clients/ sf; worked well for sudden surges, as you can operation-alize many beds quickly and for less expense	Positive clients, single men, single women or couples sharing a room with 3 beds	Flexible location, quick setup, and Fresh Air - problematic for a variety of reasons...
One or more open rooms	Variable – we repurposed one wing and then 2 more for peak surge	Flexible
Large rooms with bunkbeds	Modest, spartan rooms	May be restricted; stairs cause problems for anyone with low mobility; narrow entry doors
Easy to see what is going on	3 Beds/Room	More external security needs
These worked well for people who were already familiar with this type living, but those who were not were resistant to Q/I here	We used these sites for positive infections only and they worked well, as it is common for people who are ill to go to a hospi-tal-like building	Clients seemed ok with this setting, however, as is mentioned in other parts of this document, RVs are a last choice
Higher Probability	Lower Probability	Unknown – we weren't there very long

B. Comparison of Q/I Sites We Used (continued)

	Hotel	Motel
Liability – Be prepared to address contractor, partner, and site owner concerns about legal liability for being involved with an infectious disease program		
Office/Indoor Working Space	• Generally more space for offices • Will spread Q/I staff teams out and restrict moment to moment interaction and information exchange.	Will be restricted compared with average hotel
Storage	Generally more space for storage	Storage containers provide flexible, portable bulk storage
Intakes	Smaller buildings may create odd Intake setups	Highest flexibility
Outdoor Access for Clients	Will be more restricted, require significant staff and increased risk of infection time for smoke/ outdoor breaks, including moving clients from rooms to outdoors and back	Folding chairs outside each unit allow easy break (smoking, fresh air, break from sitting indoors) and socially distanced interaction with neighbors
Maintenance - In all cases, contract for maintenance with facility owner who knows the property and has access to subcontractors – do not take this on if you can avoid it	May require more sophisticated maintenance work	May be best balance
Elevators • May be triggering for clients with mental health issues • Too few and Hot/Cold Zone problems arise • Can be too slow to reach clients in distress, forcing staff to use multiple flights of stairs		
Parking	More likely to have ample parking for clients, staff, delivery trucks	May have restricted parking areas

Congregate	Non-Clinical Unit in Hospital	Mobile Home Park
Varies	Likely already in place	May require taking multiple living units offline
May be restricted, but can be addressed with storage containers in parking area and/or canopied/tented areas		
Small number of exterior exits can create intake difficulties	Small number of exterior exits can create intake difficulties	Night and weather will create challenges
May be limited or non-existent	Limited	Folding chairs outside each unit allow easy break (smoking, fresh air, break from sitting indoors) and socially distanced interaction with neighbors
Varies on condition of building	Probably set already	Increased possibility of wear and tear of a wider variety of features, requiring more maintenance
May have restricted parking areas	May have significant parking areas	May have significant parking areas

B. Comparison of Q/I Sites We Used (continued)

Security	Hotel	Motel
Blind Spots Any type of facility may have blind spots that can't be seen by security staff and don't have cameras – address this ASAP.		
Exterior	May be more complicated, depending upon perimeter set-up and location	May be least complicated, depending upon perimeter set-up; Can divide facility into sections, with 2 staff teams to overcome distance and security problems
Interior	May be more complicated with turns in hallways, long hallways, multiple exit doors	Buildings with enclosed room access corridors versus open air walkways present similar problems to hotels

Congregate	Non-Clinical Unit in Hospital	Mobile Home Park
Likely to be low	Probably already in place	More complicated due to line-of-sight issues
Depends on the layout; if one or two large, open rooms, not complicated; with multiple small rooms, more complicated	Low – likely clear line of sight and existing security	N/A

C. Case Management & Client Services

Case Management and client services may be provided by one or more organizations. In either case, these roles will need predictable office, storage and meeting space. For a 70-room motel site Q/I site, that could be as little as 12 linear feet of shelving and 300 square feet of open office space (maximum team of 4 staff per shift). Note that due to infection prevention and control, case managers will never be meeting with their clients in any of the cold area office spaces.

At a motel site we used the front office for Case Management and the attached restaurant for Clinical, Mental Health and Site Management. At a 200+ room hotel site, we used the large lobby area for Clinical and the surrounding conference rooms for all the other teams.

D. Clinical

The Clinical team plays a role in site selection – be sure to include them as part of the site inspection, review and final decision-making team. They must:

1. Verify that the site provides proper access for clients, including the external area for ambulances and other vehicles to drop clients safely for intake and then clean the vehicle before leaving the site.
2. Be assured that there will be adequate internal space for their operations, including appropriate storage, refrigeration, and office space.
3. Approve the lodging for the various types of clinical demands that the site will face, including good-enough bedroom access for mobility restricted individuals, including ADA compliant bedrooms and bathrooms.

E. Clinical Referral Team

As soon as a site has been formally acquired, alert the team and keep them in the loop on when the site will open, its capacity, and any special characteristics:

1. Capacity for higher acuity general health or mental health conditions
2. Number of rooms/beds with ADA capacity
3. Adequate for families, e.g., rooms with connecting doors or suites
4. Adequate for post-incarceration and/or sex offenders

F. Mental Health

1. Mental Health will need office, storage and meeting space. For a 70-room motel site, that could be as little as 12 linear feet of shelving and 150 square feet of open office space (maximum team of 2 per shift). Once the site is selected, include mental health staff on the site inspection and planning team.

2. Review the site vis-a-vis the various types of mental health issues that will be supported. This could include the need for removal of some furnishings from certain/all rooms, e.g., items easily broken and deciding where clients who need to walk with accompaniment can move around.

G. Partners

Fiduciary Partner

The fiduciary partner may not have a direct role in site selection; however, they will be instrumental in purchasing needed materials and recruiting staff. It will be important for their key staff to meet other members of the larger team and to get some sense of the layout of each site, and to facilitate their support going forward.

Information Technology

Check with the IT team to make sure they can provide service. They will likely want to inspect the site to see what equipment is already on site and what they will need to provide connectivity.

Fire and Police

Once a site has been selected, inform the local fire and police departments and arrange an on-site tour. They will let you know about any local issues and allowing them to see exactly what you are doing will go a long way to allay concerns on the part of their personnel who will be responding to the needs at your "Quarantine/Isolation" site. Particularly in the first weeks or even months of a pandemic, everyone will be nervous, as the parameters and risk factors will not be well-known. First responders in particular may exercise caution due to experience.

Public Works and/or Relevant County Department

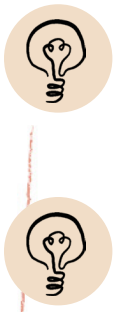
Construction:
You may need some basic construction work done to open. We used County resources where possible, to avoid the delay of hiring contractors (particularly at the beginning of the pandemic, as many contractors and their staff were unable to enter a “Quarantine/Isolation” site.

Major Equipment:
Alert public works and let them know as soon as possible if you are going to need things like temporary fencing, gates, generators, privacy screens, and/or large tents.

Safety:
The same is true for a safety inspection. Although you are operating in an emergency environment, regulations are not automatically suspended, e.g., fire alarms and sprinkler systems, operating exit doors, etc.

Just as we were opening a new Q/I site in the midst of an infection surge, the site may have been shut down because owner of the hotel had not kept the fire system permits up to date. We discovered that the owner of the hotel had not kept the fire system permits up to date and the site was almost closed by the fire department – we quickly took care of the permit requirements and avoided a serious issue.

H. Site Management



The Site Management team plays a central role in the acquisition of a Q/I site. They can quickly inspect a number of facilities after receiving potential candidate from County real estate. Once Site Management has created a viable list of candidate facilities, they can organize the Site Management team to organize a full site review by all team leaders, including Case Management, Clinical, Mental Health.

At the beginning of the pandemic, hotels and motels were faced with little or no business but were not interested in leasing their buildings for Q/I. However, within a month, when it became apparent that travel would be restricted for an extended period, County officers began receiving unsolicited proposals from hotels and motels. It actually was of great benefit to the private facilities that became Q/I sites because they had a steady income for an extended period.

Once a decision has been made on acquiring a facility and before the contract is finalized, site management can coordinate most of the preparation for occupying and opening the site *(see Chapter #3: Opening a Q/I Site for detail)*, including:

- **Consumables**: Drinks, Meals, Snacks, and non-food items
- **Equipment, Materials and Supplies** including delivery, storage, and distribution
- **Maintenance**
- **Initial Lease/Contract:** Include all standard building and site maintenance in the initial contract. The owners know their property, have trained and experienced maintenance staff, and should have relationships with reliable contractors. If there is resistance due to fears about transmission, meet with appropriate representatives and give them an honest and complete demonstration of how you will protect their staff.
- **Linens:** We used a commercial service that had extensive experience with linen supply for medical facilities as often site owners had concerns about transmission within their own linens and laundry facilities.
- **Fear of Infection** - We found that although many businesses (particularly in the early days of the pandemic) did not wish to do business with a Q/I site, there were others that were willing. In all cases, the Q/I staff went out of their way to protect anyone coming onto the site, including moving clients from a room that suddenly needed repairs and doing appropriate cleaning and sterilization rather than asking someone to enter a potentially infected and enclosed environment; providing PPE as needed to contractors; escorting contractors to assure lowest possible risk exposure; etc. (Note that during our Q/I response, not single staff person or contractor was ever found to have contracted COVID-19 while at work.)
- **Vendor Specific Preparation**, e.g., location of security posts; janitorial, linen cycle, and waste management (biowaste and standard) delivery cycles
- Check with all suppliers to make sure they can service the location of a new Q/I site and that the site provides appropriate loading and unloading capacity.

Examining a Potential Q/I Site

Site Management and relevant county departments took responsibility for researching and acquiring potential Q/I sites

Variable	Notes
ADA	Identify all rooms that provide full and those with limited ADA capability, including units with a main room and bathroom that are accessible to a wheel chair, but do not have support bars.
Capacity	One site with more rooms, e.g., 200, may seem better than two smaller sites with 100 rooms each, however, it is more likely that the room layout in a large facility will make it more difficult to keep eyes on all client rooms and smaller sites may have less neighborhood impact and support a more geographically distributed Q/I capacity.
Condition of Site	• Owner should deliver a fully operational property • Perform a full walkthrough and record all existing damages and take as many photos as needed to record the condition of the building and placement of furniture to reference at the end of operations. • **Contract/Lease:** Owner will be responsible for maintaining all systems, while County will be responsible for all breakage and provide extra items that regularly fail, to avoid loss of room use (*e.g., small refrigerators, microwaves, room phones, TV's, and remotes*).
Furniture and Fixtures	• Hotels and motels will provide most of what is needed; (*see Bibliography - Internal Documents - QI Site Equipment_Supplies List* for what you may need to acquire) • **Carpeted client rooms are problematic** – some people will truly trash the rooms; infection prevent and controll will be a problem and clients may bring lice, ticks, scabies, etc. • Carefully store anything you will not be using to avoid costly repair and replacement at the end of operations; lock them up as needed. • Perform, record, and get owner approval on a full, physical inventory by room; this will also help resetting the space at the end of operations.

Examining a Potential Q/I Site (continued)

Location

Variable	Notes
Entry & Exit	• Ambulances are best handled with a one-way system, avoiding turnarounds during busy times • Easy access for ambulances and vans; available access for trucks
Geography	• Review catchment area and site accordingly • Direct access from major highways and streets • Will the client be a long way from what they know? (We had clients go AMA and then come back after getting lost and upsetting the neighbors)
Neighborhood	• Is there a significant chance that neighbors will be upset? • Safety for clients and staff • Access to restaurants for staff and shopping for last minute needs
Parking	• **Storage containers** - May be used for bulk shipments until they can be moved to storage and large groups waiting to be processed, e.g., vaccination clinics (canopies, tables, intake, and discharge waiting areas) • Outdoor play areas for children, if not otherwise available
Refrigeration	• **Clinical** - Purchase as needed, e.g., vaccines and test kits • **Kitchen** - If not available, you will need appropriate cold storage for meals and perishables
Repairs & Upgrades	Sites may require repairs; obtain reliable estimates of cost and more important, time required Sites may require upgrades, e.g., internet connectivity and telco
Residents	If there are existing residents, how soon can they be comfortably relocated?
Security	How easy will it be to secure the perimeter, entry ways and parking? Are there areas that will be difficult to patrol internally? Are there areas that will be more challenging with high acuity clients?
Soft Goods	Carefully store anything you will not be using to avoid costly repair and replacement at the end of operations; lock them up as needed. Perform, record, and get owner approval on a full, physical inventory by room; this will also help resetting the space at the end of operations
Storage	You will need more than you think

Workspace

Variable	Notes
	• Placing different teams near each other facilitates team building and cross-team communication • **Security** - Will need break space for meals and getting out of the weather for external staff • **Housekeeping** - Can use existing
Client Services	• Open area works well • Greater the separation from other teams, the lower the collegiality
Clinical	• **Providers** - Senior staff may need quiet and private space during busy periods • **Nursing** – Open area works well • **Mental Health** - Would like private space to meet with clients, but IPC makes it very difficult
Site Management	• Do not separate team lead from team as that promotes inefficiencies through delayed or more limited communication • Need significant storage for consumables (PPE, snacks, hygiene, clothing), linens, meals, and equipment, as it acts as the conduit for most materials used on-site • Works best if close to other teams, promotes collegiality and quick, informal transfer of information

Safety, Security, and Neighborhood Acceptance

Hazards

Preparing a Q/I site for use includes identifying security and safety hazards, as well as ameliorating any issues that may create tension in the neighborhood. All three of these areas of concern and have client and staff security, public relations, and liability implications.

When inspecting a property as a possible Q/I site, take note of all-possible safety, security, and neighbor-related issues, from lack of perimeter fencing to windows in multi-story buildings that a client could climb out. Some items will be easy and not too expensive to correct, others can be very difficult and/or very costly. Be sure to include a neighborhood perspective.

Neighbors

It can be very challenging to select, contract and prepare a site, only to find that neighbors are upset with one or more issues, such as loud noise from difficult clients, the smell of marijuana smoke from harm reduction practices, regular visits from ambulances and first responders (911 calls), and concern about infection spreading from the facility.

These issues should be considered alongside size, location, quality, cost, etc. in the final selection process. Get estimates on any needed remediation if it could be cost/time prohibitive. Once the site has been contracted, have several knowledgeable individuals go over the site and assess all previously identified issues, as well as look for additional issues with fresh eyes.

Safety and security issues:

The following is a list of possible safety and security issues. Different sites will present different issues so it is important to be comprehensive in your survey.

Trip Hazards – loose or broken flooring material; odd stair heights and placement; broken concrete walkways and stairs; etc.

Wiring

- **Loose Cords** – You will need to add electrical extension cords and computer network wiring across open floors. Make sure they are covered at a minimum with plenty of duct tape; or better, with wire cover strips designed to protect people and the wiring
- **Exposed electrical wiring** – e.g., poorly maintained breaker panels, broken outlet covers, general electrical equipment that children could access

Doors leading to rooftop, maintenance areas, out of the way exits, blind hallways, rooftops, or balconies

Doors to bedrooms that cannot be easily opened if a client is unresponsive; remove interior safety latches and keyhole covers on electronic doors. Have extra keys readily available to all necessary staff.

Swimming pools:

- Add a fence with locked gate and a strong pool cover
- Do not use bedrooms directly next to the pool (they can be offices, meeting rooms or storage rooms)

Hot/Cold Zone Creation - Ensure the building is suitable for establishing “Hot” and “Cold” zones to allow efficient/safe movement of clients and staff, minimizing the risk of infections

Fences: Holes or missing perimeter fence; clients and friends of clients can use them for inappropriate entry/exit

Balconies with client access, either individual bedrooms or off nearby hallways; make sure to take rooms out of service, block access, and add locks as needed

Windows in a multi-story building that an adult or child could climb through; various mechanical stops can be added

Client Safety

Populations with Complex Contexts

Do not house registered sex offenders in the same site as families with children. Even if you have the best security, families will refuse Q/I or leave once they hear of who is housed nearby.

Dedicated Facilities/Areas of One Facility

We found having a dedicated site for challenging clients, such as sex offenders and individuals requiring major mental health support, worked well. The staffing model included more mental health workers, well oriented security staff, as well as more highly trained and experienced client services personnel. This was better for the clients and lowered the number of challenging client events at other sites.

Staff Safety

Establish Training, Guidelines, and Responsibilities

Provide all non-clinical staff with basic clinical safety training relevant to the situation and timely updates as needed.

- Establish what to do with high acuity clients with complex needs
- Establish what to do in the event of fire or earthquake (and other locally relevant threats)
- Establish who can authorize 911 calls and/or 5250 hold. This proved to be a recurrent issue, as staff are on multiple shifts, the site is open 7x24, new staff may not have been trained in this area, etc. – Make sure to establish a clear protocol for who makes the decision to place the call and under what circumstances (For example, define what constitutes a problem that the police can and will handle. We found that our staff had little understanding of what constituted proper cause to remove someone from the site.)

2/Team

Work in teams of 2 or more as needed, e.g., during night shifts, interacting with clients

Pair with Security

Pair a security guard with a staff person who may be/feel at risk

Neighbor Acceptance and Safety

A list of possible ways to deal with issues with neighbors is impossible to complete but here are key starters:

- Proactively talking with immediate neighbors, educating them on how safe the Q/I site is and the benefit of restricting infections in the larger community
- Adding an extra tall, 12', privacy fence even if there is a security fence, to diminish visual access from street and attendant misunderstandings
- Moving high volume and high need clients from neighbor facing rooms to rooms on the other side of the building
- Choosing sites in less problematic areas and/or with significant distance from all neighbors
- Proactively setting up a tour for the relevant fire and police departments, to make sure their staff know exactly who we were, what we were doing, and our interest in protecting the safety of the entire community, including first responders.

CH 02
Lessons Learned

1 **Require lessor to maintain responsibility for keeping facility in proper operating condition without delay** (Contract, page 21)

2 **Just as we were opening a new Q/I site in the midst of an infection surge, the site may have been shut down because owner of the hotel had not kept the fire system permits up to date. We discovered that the owner of the hotel had not kept the fire system permits up to date and the site was almost closed by the fire department – we quickly took care of the permit requirements and avoided a serious issue.** (Partners, page 29)

3 **Include all standard building and site maintenance in the initial contract. The owners know their property, have trained and experienced maintenance staff, and should have relationships with reliable contractors. If there is resistance due to fears about transmission, meet with appropriate representatives and give them an honest and complete demonstration of how you will protect their staff.** (Site Management, page 30)

4 **We used a commercial service that had extensive experience with linen supply for medical facilities as often site owners had concerns about transmission within their own linens and laundry facilities.** (Site Management, page 30)

OPENING TIMELINE

Sign Site Contract

Site Walkthrough w/ Q/I
Team Leads & Site
Management

Necessary Cleaning,
Construction, & Repairs

Hire Staff;
Assign Team Leads for Move-In

Order/Prepare Necessary
Equipment and Supplies...
Accept Delivery

Vendors –
Place Orders, Accept Delivery

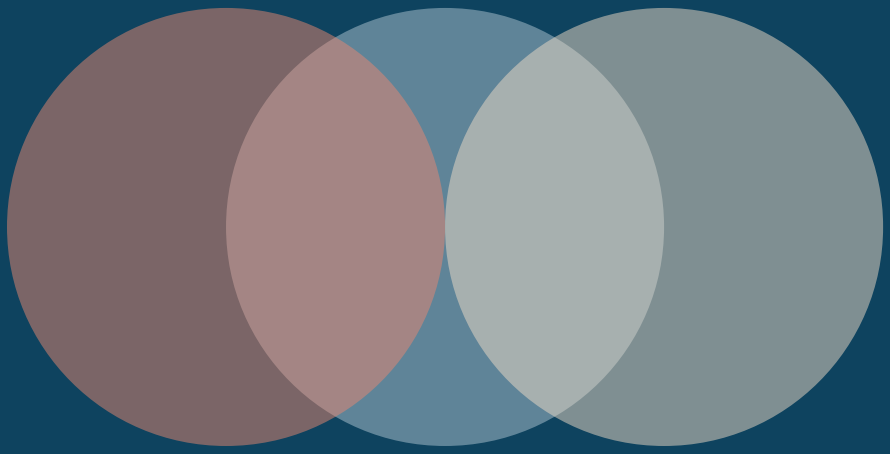
Move-In

Inform Local Authorities
as needed:
DPW, Fire, Police, Etc.

Soft Opening

Utilizing % of Client Rooms;
100% ASAP

03



03 OPENING A Q/I SITE

A. One Week to Open a 75 Room Motel Style Q/I Site in Detail

(See Bibliography - Internal Documents - QI Site Opening_Intake_Client Care Diagram)

General

The clock starts once the contract is signed and keys are made available.

Proactive Non-Clinical Person

Provide at least one dedicated Site Management person on Day 0 to support all other teams who knows who to call to obtain needed items and solve non-clinical problems.

Contract/Lease

The signing of a final contract approval can take weeks or longer – this can prevent opening a site during a critical surge in Q/I demand.

Equipment and Supplies

You can quickly open a site with a minimum of equipment and supplies obtained from a central warehouse, ordered online, or purchased from local vendors.

Fence/Privacy Screen

Some sites will require a rental fence and/or privacy screen; orange traffic cones and a roving security patrol can provide the quickest perimeter line in the meantime.

Signage

Purchase exterior weatherproof signs, e.g., “Ambulance Only”, “Client Parking [with arrow]”, “Hotel Closed”, “Staff Parking [with arrow]”, etc. Signs will be very useful, but in the short run, plain plastic sheets with indelible markers will work.

Storage

- Rental storage containers provide a quick form of secure and voluminous storage.
- Boxes can be opened and spread around for access while waiting for shelving, folding chairs will suffice until office chairs can be delivered.

QI in a Box

After our first major surge in Q/I demand, we shut down several Q/I sites. Assuming we might face another surge, we created a rapid response kit: “*Q/I in a Box*”.
We held this inventory in stock to use in a moment’s notice.

Partner Managed Sites

In several cases, the County partnered with existing nonprofits working with people experiencing homelessness to manage the entire Q/I site. Although many organizations have significant experience with homelessness services, they may not have large-scale Q/I experience. Providing guidance and leadership from the County helped these partners open and operate effectively.. We found it useful to make guidance part of any management contract.

Multiple Sites

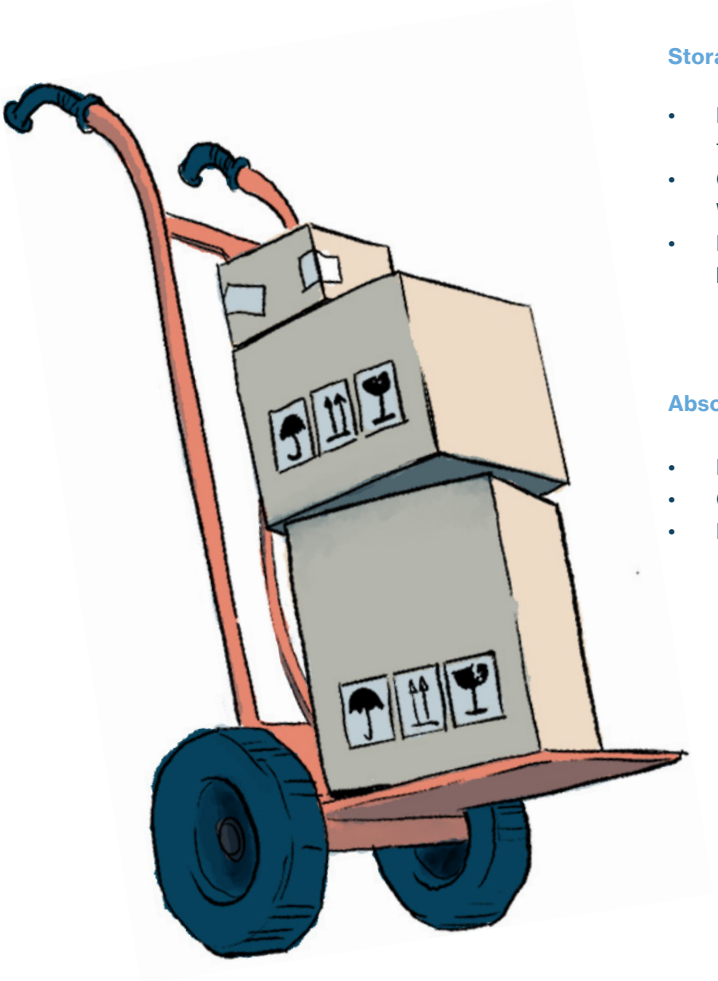
Once you experience opening one site, you will likely be able to open additional sites within 48-72 hours. Q/I Sites with extra capacity acted as central warehouses for large deliveries and in at least one case, as a convenient storage site for large stocks of items needed by all Q/I sites, such as PPE.

Staggering Opening

Use only 20 rooms out of the 75 in the first week, allowing further time for things likes repairs, supplies, furniture, equipment purchases, and additional staff hiring/onboarding.

Equipment, Furniture, and Supplies

Vendors can provide task specific items as part of the overall contract, e.g., janitorial and linen



Specialized Items†

Start with what is needed to begin intakes, e.g.,medical refrigerator, nurses' vitals carts, locked cabinet for controlled substances, dolly, pallet jack

Storage Space:

- Rental pods work well for extra short- and long-term storage
- Q/I Sites with Capacity Acted as Central Warehouses for Large Deliveries
- Major Furniture, Fixtures & Equipment Provided by Site Owner

Absolutes

- Medical Supplies‡ (Adult and child)
- Computers, printers, fax
- Livable client rooms

* *See Bibliography - Internal Documents - QI Site Equipment_Supplies List*

† A limited number of specialized medical items were sourced from existing County inventory and/or relationships with manufacturers such as nurses' vitals carts and oxygen concentrators, which was particularly helpful in the beginning of the pandemic when many items were in short national supply or not available at all.

‡ *See Bibliography - Internal Documents - Medical Supplies_New Site_General List*

Site Preparation

Construction & /Repairs	Many facilities will need some type of construction work, whether legally required upgrades, repairs, or changes to allow different use of the rooms. It is likely that you can identify 20+ rooms in a 75-room facility that can be used “as-is” while the other rooms are upgraded, rotating room use to allow the construction team access as needed while you begin intakes. Some necessary Q/I construction can be done in a way that advantages County or partner sites; e.g., a wheelchair ramp built to County code that will remain post-pandemic.
Office and Storage Space	Most sites will have rooms that are not suitable for clients that can be used for offices and storage without losing client capacity. Restaurant areas, particularly those without fixed furniture, make decent office spaces that allow multiple teams to work together to support quick and easy information exchange.
Regulations	Check that the site is in compliance with all necessary regulations. If not, apply for a “pandemic” waiver or extension to proactively prevent a visit from a government office that may restrict or even shut down your activities.
Fire and Police	Invite the local fire marshal and police captain to visit your site, giving them a full understanding of what you will be doing, how you are protecting the larger community, how you will be protecting first responders when they come to your site, as well as the best way to communicate through 911 to make their job easier.
Neighbors	Let immediate neighbors know the basic information they will need to understand the new use of the site. Find out what their specific concerns may be and provide information where possible to allay those concerns and/or make plans for mitigiating issues where possible, e.g., add a 12' privacy screen on the perimeter of the property.

Site - Basic Client Room Setup

Overall	Provide waste cans that are easy to disinfect.
Beds	Use whatever beds were provided at the site, adding water proof mattress and pillow covers as needed. We put any costly bed accessories such as spreads in storage and replaced with something decent and low cost. Purchase 2-4 folding beds to avoid separating children from their parents.
Furniture / General	Utilize what the site provides, e.g., bureau, nigh stands, reading lights, mirror, etc.; and augment as needed.
Television with Cable Service	A primary source of entertainment for clients, during long, boring Q/I period.
Refrigerator	Required for storing the day's catered meals delivered as a set each morning - breakfast, lunch, and dinner.
Microwave Oven	Required for heating the day's catered meals
Telephone	Hard-wired device to reach Case Management and clinical; if the hard-wired phone was not able to dial outside numbers, we provided inexpensive mobile phones on loan so clients could reach their family, friends, case manager, parole officer, etc.
Bathrooms	All linens were provided by a hospital linen service. Identify all ADA compliant bathrooms and any others that allow wheelchair access, even if they are not fully ADA compliant.
Doors	Remove any interior locks that would prevent easy access by first responders in an emergency, e.g., unresponsive client or fire.
Windows	Place restrictions on all windows that someone could climb out of without being seen, e.g., rear bathroom windows.
Hallways (Hotels)/ Walkways (Motels)	Place general waste and bio-waste bins for easy access.
Motel style building	Provide a chair and smoking debris waste can outside of every room to allow clients to smoke, get some fresh air, and talk with neighbors.
Repairs & Upgrades	County regulations may require alterations, e.g., installation of smoke/CO alarms.

Allocating Available Rooms to Clients

Client Room Allocation

- **Close Medical or Mental Health Watch -** Easy Observation
- **Family -** Held in Reserve
- **Full ADA -** Held in Reserve
- **Pets -** 1st Floor of Motel *
- **Limited Mobility -** 1st Floor of Motel
- **Close Security Watch -** Easy for Security to Observe

* Place clients with pets on first floor to facilitate walking their pet, particularly dogs; if possible, have a restricted area for dog walking (with staff accompaniment as needed). Provide pet food, litter boxes and litter as needed.

Staffing for Soft Opening with 10 of 75 Rooms / ~20 Clients

Clinical
- 1 charge nurse
- 1-2 nurses
- 1-2 nurses' aids
- 1 provider as necessary

Mental Health
- 1 per day shift*

Security
- 7/24
- External - Entire Property
- Internal - Ingress/Eggress, Out-of-Sight Areas; Potential Problem Areas

Site Management
- 3x8 Hour Shifts
- 2/Shift Day/Evening
- 1/Shift Night

Janitorial
- Day Porter: Saniize/Clean Internal & External Cold Zone Areas
- Room Cleaning†

Case Management
- 2/shift

* Ideally staff with significant background working with people experiencing homelessness.

† Assume time/staff for standard hotel room cleaning, then add 20% for rooms that will be damaged by high acuity clients, plus additional time for any special infection control

Vendors

General Information

Availability - Many vendors were hesitant to work with a Q/I site at the beginning of the pandemic, when no one had a clear understanding of the level of risk but companies that already worked with County hospitals were more likely to want the contract

- Inviting vendor senior staff to the site and giving them a full orientation on the safety procedures for all staff can help
- Ask vendors if there is anyone on their team that is willing to volunteer to provide the needed service. Staff may be looking for an opportunity to help in an emergency situation.
- Provide the same training and PPE for vendor staff that you provide for you Q/I staff

Costs

Our costs were sometimes high due to the immediate need and the limited number of vendors

- **Excess Charges –** Ensure vendors avoid using staff shortages as an excuse for exorbitant overtime
- **Market Shifts -** The market will loosen up as the general public understand more about proper safety procedures and when incomes/wages are threatened over a longer period. All contracts should include a reasonable notice period for termination.
- Make note of the costliest relationships and have someone research alternatives as soon as possible.

Pests

Be sure and have a major pest control vendor on speed dial to assess any possibility of bed bugs, roaches, maggots, mice/rats, etc. Routinely check the accuracy of any infestation reports to prevent unnecessary and expensive treatment

Housekeeping

- Room cleaning
- General indoor space cleaning
- General outdoor space cleaning

DHS Staff prepares food, snacks, and other essentials for delivery to patients isolating in the Pomona Fairplex Medical Shelter, October 23, 2020. The Pomona Fairplex Medical Shelter is one of four COVID-19 Medical Shelter in Los Angeles County.

Vendors (Continued)

Meals - Catered

To lessen the responsibility of preparing food alongside opening a Q/I site, catered meals were provided for guests. Over time, we changed from small, local vendors to a regional vendor that had experience with large facilities and airlines. It was less expensive; provided a wider range of choices; and provided more consistency and better quality. (*see Bibliography - SOP No: MS-165 – Meal Orders*)

Contracting versus Preparing

We did not want to get into major meal preparation, as it would require an additional staffed team, significant expertise, availability of equipment and major storage, possible attendant health concerns, etc.

Availability

Unless there is a major disruption, you should be able to sign a contract for an initial delivery in 2-4 days.

Ordering

We placed orders 24 hours in advance for Tuesday-Friday morning delivery and placed orders on Friday morning for Saturday-Monday morning delivery.

Convenience and Timeliness

All meals were suitable to be microwaved, eaten as is, or refrigerated. We delivered a full day's meals in the morning to each room, which contained a small hotel fridge and a microwave. The caterer provided utensils and napkins for every meal.

Quantity

We added +10% to all orders to cover unexpected needs, e.g., last minute increase in clients, requests for more food, last minute discovery of client special dietary needs.

Meal Selection

We provided a range of five types of meals to allow for special needs, including regular, vegetarian, low sodium, diabetic, and kosher options. We began with a wider range of choices, but found that 5 choices covered 98% of all clients. When we needed something different quickly, we purchased directly from a grocery store or local restaurant.

Staff

In the beginning of the pandemic when restaurants were closed, we provided meals for staff.

Snacks & Drinks

Clients could order snacks/drinks from Case Management any time, but they were only delivered to the room at ~4 set times through-out the day.

Bulk

Once we had some idea of our consumption rates for standard items, we placed a monthly bulk order, supplemented by smaller weekly orders. We used national suppliers like Sysco, inc.

Availability

Unless there is a major disruption, you should be able to sign a contract for an initial delivery in 2-4 days.

Ordering

Since 99% of what we ordered was shelf stable for months, we placed a substantial order for immediate delivery, adjusting quantities as needed upon reorder. In the case of regional/national shortages, you may have greater success in purchasing what you need by placing multiple small orders rather than one large order.

Responsibility

Site management ordered and stocked a wide variety of snacks and drinks for clients. Case Management ordered from the variety of snacks, drinks, and harm reduction items for clients.

Vendors (Continued)

Janitorial Services

Availability
Unless there is a major disruption, you should be able to sign a contract for an initial delivery in 2-4 days.

Known Contractor
We used a janitorial company who had contracts for cleaning other County healthcare facilities.

Infection Control
We initially had the janitorial service sanitizing everything, eventually reducing the frequency and range of sanitizing based on the best available clinical advice. This reduced our costs dramatically.

PPE
We provided all necessary PPE for the janitorial staff.

Scheduling
In the event of a staggered opening, schedule room cleaning on an as needed basis with 24 hours' notice. Once your census rises, you may want to schedule a daily cleaning, giving the janitorial service 12+ hours' notice for the number of rooms per day.

Security Services

Availability
We used a security company already working with the County to avoid significant contracting delays. Unless there is a major disruption, you should be able to finalize a contract with a pre-approved vendor in 2-3 days.

Make sure to monitor security contractors, with whom you may encounter problems like understaffing and overbilling.

Eyes-On
You need good visibility for the entire facility to avoid unauthorized entrances and exits and to implement quick responses whenever needed.

De-escalation Training
Creating an orientation for all staff, including security, on how to provide security services to high acuity clients proved to be very useful, as many staff had little or no experience with significant mental health, substance abuse, and asocial behavioral issues.

Staffing
Ensure 5-7 guards per shift depending upon site layout, including fixed and roving posts.

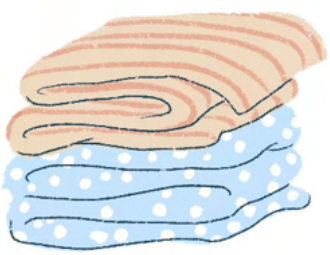
Waste Services

General

- Include waste services in the site lease.
- Move-in generates an additional trash load for the first week or more, particularly because of packing materials; please note that construction will also create a significant additional load.
- Start with one pickup per week for 20 rooms and adjust as needed; eventually, we increased to three pickups a week with an occasional 4th pickup at our peak census.

Hazardous/Bio-Waste

- Site management will work with clinical to determine what constitutes hazardous waste, including biological and chemical waste.
- Janitorial staff will need training on the difference between the two types of waste.
- Although initially pricy, as the pandemic progressed, we lowered our costs significantly by adjusting our definition of 'hazardous' as more was known about COVID-19 transmission.



Linen Services (Bed & Bath)

We contracted with a service who had experience with disinfecting hospital linens.

Availability

Unless there is a major disruption, you should be able to schedule an initial delivery in 2-3 days.

Scheduling

Start with two weekly drop offs/pickups. We ordered enough for all 75 rooms for the first delivery and adjusted based on volume. The first pickup can be scheduled for a week after the first delivery, since you generally don't need to change bed/bath linens more than once a week

Beds were made up by the housekeeping staff after a room was cleaned; fresh linen was supplied if requested by a client.

Constraints & Solutions for Opening a Q/I Site

Contracting for a Q/I Site

Negotiating and signing the final contract for a site generally took weeks or longer and proved to be a continual challenge – this could have been life threatening if our supply of Q/I rooms (hotels and motels) & beds (congregate facilities) had not stayed ahead of the infection rate curve.

Equipment and Supplies

Establishing a third-party hiring and purchasing entity through a known local nonprofit who could provide streamlined HR and purchasing services was a major improvement.

Staffing

Case Management & Social Services

The County leveraged existing relationships with nonprofits who had experience with managing residential facilities for people experiencing homelessness.

Pros

Day 1 Presence - Staff a case manager as soon as possible at the beginning of your Q/I effort. Some of the most important services during our Q/I response came from the intimate interaction between Case Management and our clients.
Expertise – Staff should have significant relevant client centered experience with people experiencing homelessness.
Speed – The organizations could provide entire teams to manage Case Management and client services.

Cons

Expertise Shortage - As the number of Q/I sites increased, partners had difficulty providing enough experienced staff during both setting up and after opening. We found it advisable to provide experienced Q/I mentors from other sites and have an explicit agreement with the nonprofit that those mentors would be interacting and guiding less experienced staff until the site was operating efficiently.

Client Referral

Make sure to staff a nurse and/or social worker who is familiar with the geographic area, how to work within homelessness services, and with the Q/I response. Because each Q/I site will have unique characteristics, it can take time for referral team members to understand the criteria for new sites. Assume the same for counterparts at the various Q/I sites to become familiar with the Referral team. (*See Bibliography - Internal Documents - QI Room-Bed Referral Team Guide*)

Clinical

Drawing on existing County staff and existing relationships with clinical registries, competing demand from other municipalities and clinical care facilities, and regulations presented significant complicating factors for rapid clinical staffing up. Ensure a large group of core County clinical staff are assigned to Q/I.

A skeleton clinical staff can open a site quickly but faces the risk of immediate burnout if appropriate numbers of staff are not brought on quickly.

Fit: Good Characteristics to Recruit

- High flexibility and adaptability to constant change
- Experience with people experiencing homelessness, particularly for Case Management and Clinical
- Solid interpersonal skills
- Knowledge and acceptance of harm reduction approach

Immediately re-assign staff who are not a good fit for the QI environment.

HR Detail: Designate a manager in charge of the inevitable details of finding and onboarding staff, to avoid onboarding delays, to maintain appropriate documentation, and to respond to day-to-day HR needs of staff

Shortage of Staff: It was difficult to staff through clinical registries in the first month of the pandemic response due to concerns of risk. It would have helped to have a larger core group of county clinical staff.

Site Management

Establishing a third-party hiring entity through a known area nonprofit who could provide human resources support was a major improvement for staffing and related record keeping.

Vendors

Biowaste, Janitorial, Linens, Security

The County leveraged existing relationships with approved companies, which expedited providing services at Q/I sites. However, best practice would be to research alternative vendors with competitive pricing as soon as possible.

Catering

To focus attention on other vital services, we worked with a major caterer with experience serving the airlines industry after initially contracting with smaller caterers.

Summary: Walkthrough & Setup of a New Q/I Site

Day 0 - Walkthrough

Case Management
Familiarize your team with the office space, general site layout, and types of client rooms (you will not be entering client rooms very much, if at all, after you begin intakes)

Clinical
Familiarize your team with the office space, general site layout, and types of client rooms

Mental Health

- Familiarize your team with the office space, general site layout, and types of client rooms
- Intake Area – Note that loud street noise may trigger clients with mental health issues during intake

Clinical Referral
Find a quite space for your team

Case Management & Clinical:
Inform Site Management on the design and placement for intake and discharge – allow for:

- Multiple transport vehicles
- Avoid placing clinical offices inside a Hot zone, e.g., using client rooms in the inner courtyard of a motel
- Simultaneous intakes to avoid creating a bottleneck
- After dark arrivals
- Line of sight with neighbors
- Ambulance access
- Supplies and Equipment storage
- Heat (sun, pavement) and cold (rain, shadow, & wind)

Site Management

- Coordinate with all teams to review office space, general site layout, and types of client rooms - record their concerns, needs, suggestions, and preferences.
- Pay particular attention to safety issues
- Document all damages with site owner for the end of mission review
- Acquire necessary equipment and set up

Design/Layout

All Teams:

Decide where your various workspaces are best positioned. Place workspaces in proximity, if possible, to support inter-team coordination and cooperation *

* Place teams as close together as possible – when the various teams don't use the same office area, the set-up can interfere with quick and complete communication, leading to friction between departments.

Equipment & Supplies

QI Teams

All Teams:

Determine your needs and inform Site Management, who will provide all but the more specific items, e.g., team specific software and prescription drugs

Clients

Site Management

- Coordinate with clinical on purchase, transport, and storage of harm reduction
- Provide and stock non-clinical supplies as needed
- Create accessible space for daily client supply needs

Clinical, Case Management, Clinical Referral & Mental Health:

Determine what non-clinical supplies that you will want for clients, e.g., entertainment items for adults and kids of several age ranges, a play area for children, harm reduction supplies, etc. – Site Management will take care of all items, if not covered by a subcontract, e.g., Case Management already has a budget for unusual items, such as, backpacks or walkers

Clinical

Coordinate with site management on purchase, transport, and storage of harm reduction items (alcohol, tobacco, etc.)

Setup and Acclimation

All Teams

- Establish what equipment and furniture must be received and installed before intakes begin – Site Management can make it happen
- Establish your team's move-in and setup work hours and inform all teams

Clinical

- Work with site management on establishing Hot/Cold zones with appropriate barriers & signage
- Coordinate with site management on acquisition & delivery of OTC medical supplies

Site Management

- Work with clinical on establishing Hot/Cold zones with appropriate barriers & signage
- Coordinate with clinical on acquisition & delivery of OTC medical supplies

Orientation

Clinical

- Coordinate with site management & janitorial on waste handling & infection control needs
- Arrange an orientation for infection prevention and control

Mental Health

Arrange an orientation for de-escalation

All Teams

- Clearly define which and how staff interact directly with clients - differentiating between clinical, Case Management, and social services responsibilities.
- Establish difficult/dangerous situation protocol - how to work with a high acuity client; what happens when there is a threat of violence.

Site Management

- Work with clinical on establishing Hot/Cold zones with appropriate barriers & signage
- Coordinate with clinical on acquisition & delivery of OTC medical supplies

B. Case Management and Client Services

1. Lessons Learned

The Quarantine and Isolation sites are designed to keep at-risk populations, including people experiencing homelessness and those who cannot isolate at home, safe and healthy during the pandemic. The Case Management team, consisting of homeless service providers, will provide support for the clinical team to facilitate discharge planning and ensure appropriate placements of clients.

The Case Management team will ensure discharge plans are communicated to clients during quarantine/isolation, while ensuring resources are provided to the client to establish as many service connections as possible.

Staffing
Leverage existing relationships with nonprofits who have experience with placement for people experiencing homelessness to staff the Case Management team

Role Definition
Clearly define roles, differentiating between a clinical and a Case Management interaction with a client

Inter-Team Cooperation
Place the workspaces for Case Management and Clinical in proximity, if possible. This will create a more integrated team.

Communication

- Utilize a lead County homeless service agency to ensure communication regarding context of the site is known across all homeless agencies within the County, as this will assist with a fast discharge process when operating the facility
- Establish connection with a lead County homeless service agency to fast-track higher level of care referrals

2. Intake / Discharge

Intake Process: Establish intake process and script to ensure that all case managers will communicate facility and placement expectations

Discharge Process: Establish a discharge process, which includes complex discharge pathways for patients with severe mental health, behavioral health and/or physical health concerns and simple discharge pathways for patients that are interested in walk-in shelters and winter shelters.

Process: See QI Discharge Flowchart on next page.

Welcome Packet
Create an easily edited document to provide clients with a ready source of all the things they need to know about living well in a Q/I site, such as:

Contact #'s: Include all necessary contact numbers (Clinical, Case Management, Emotional Support)
Delivery: Define hours for meal delivery and requesting/delivery of Snacks, Drinks, and Hygiene Items
Harm Reduction: Determine how to request various harm reduction items and when those items can be delivered if approved by the Clinical Team
Linens: Include directions to place soiled linens in specially marked linen bags that will be handled as potentially infectious by the housekeeping staff and linen service

Restrictions:

- Define how clients are to interact with staff
- Define limitations to movement, e.g., an outdoor motel set-up may only allow patients to have a 6-ft area in front of their room
- Define if visitors are allowed into the facility

Snacks, Drinks and Hygiene Items
Include a menu of items a client can request that will make their Q/I period more agreeable and sanitary

QI Discharge Process Flowchart

1. **Assess Immediate Needs**
   Food, Water, Shelter, Safety
2. **Conduct a Comprehensive Biopsycho-social assessment**
   Determine if the client has simple or complex needs
3. **Connect Client to Offsite Services**
   Mental health Support, SUD Programs, Harm Reduction Programs, DV Services, Family Service Centers & Documentation Assistance
4. **Establish an Appropriate Discharge Location**
   Interim Housing Programs, SUD Detox and/or Treatment Program, Higher Level of Care, Permanent Supportive Housing, Permanent Housing
5. **Provide Transportation to Discharge Location**

3. Defining the Workspace

Let Site Management know what you will need for a successful workplace. Depending on the nature of the disaster, a robust level of supplies, area, IT, and storage may not be accessible.

- **Area-** A quiet area is recommended to conduct calls
- **Supplies-** Computer devices, office equipment, office supplies, and basic daily needs, such as clothing, hygiene items and snacks/drinks.
- **IT-** Secure network to ensure patient confidentiality.
- **Storage-** Locked area to hold confidential documents needed.

4. Procedures and Protocols

Establishing procedures will allow staff members to easily determine the kind of a care a client needs after leaving the Quarantine and Isolation facility. The procedures established will ensure a client's smooth transition from the facility to another placement is as safe and smooth as possible.

- Intake/Admission
- Patient Elopement
- Patient De-escalation
- Violence from Patient-to-Staff
- Violence from Staff-to-Patient
- Harm Reduction
- Discharge
- Refusal to Leave

5. Staffing

Staffing for full 24/7 coverage is recommended. If possible, scout for clinicians or case managers that are LCSWs and seasoned in the homeless service realm.

C. Clients

Protocols for Clients

Clearly define client residential regulations, rules, and protocols. Note that rigid rules can lead to a significant increase in clients leaving against medical advice, before their Q/I period is complete.

Automobiles
We have many clients that came in their own automobiles. The cars were parked in designated areas on the property and clients were accompanied by security when accessing their cars.

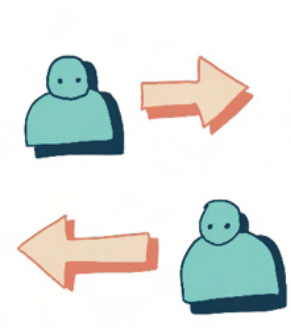
Food in Rooms
Counsel clients that food will always be available while they are at the Q/I site.

Movement

- **Restricted Area –** Clients will remain in their rooms or in an appropriate area, e.g., a motel, they will remain next to their entry door; in a hotel, when scheduled, they will be escorted to a smoking area outdoors
- **Exercise -** Clients may walk around designated areas of the property when necessary and when accompanied by an appropriate Q/I staff person
- **Smoking -** Clients may smoke in designated areas only and that may require scheduling smoking times, designating a smoking area, and providing accompaniment, e.g., in a hotel or congregate site
- **Dog Walking -** Clients may walk their dogs when accompanied by an appropriate Q/I staff person

Intake/Discharge

Define the exact criteria for intake and discharge – note that this will be fluid as the science of the pathogen unfolds.



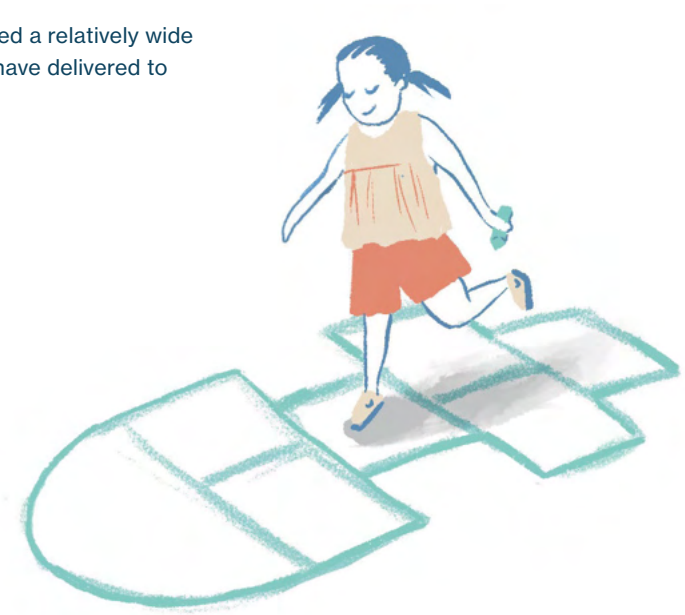
Level of Care - The level of medical and mental health care to be provided
ADL – Define whether the site can accept some individuals who are not ADL
Transport – Define whether transportation will be provided for clients. We used ambulance services but experienced challenges with shortages during the peak of the pandemic. Also plan for discharge- we set up an account with a car service, as the client was no longer infectious.
Post Q/I Assistance - Additional services to be provided to assist clients post-Q/I, e.g., post-discharge housing, connection to county social worker, assistance in contacting family and/or friends, assistance in obtaining identification, etc."
County and State Social Services – All clients were given the opportunity and support to work with a case manager to connect and register with available County services
Housing Placement - Of the thousands of clients who came directly from the street or from shelters, virtually all were placed in some form of housing post Q/I. When necessary, clients stayed at our sites longer than was needed for their Q/I stay to allow case workers enough time to find housing, whether due to crowded conditions, particular client needs, and/or high-acuity needs.

Services for Clients

Clearly define the services to be provided.

Against Medical Advice Reduction - Additional services will be provided to support clients remaining in Q/I for the appropriate length of stay and not leaving against medical advice (AMA)

- **Clothing –** we provided basic gym clothes, underwear, and sandals, as well as special purchase items for children
- **Entertainment –** We provided:
  - Television, loaner tablets, loaner mobile phones
  - Variety of items for children, including games, toys, art supplies
  - Simple outdoor play area for young children, including rain/sun canopies, small games of toss, various balls, a mini-basketball setup, tumbling mats, large chalk. When they had time our medical technicians would provide supervised play periods for children, one family at a time, to relieve the pressure on the parent(s)
- **Hygiene Items –** such as diapers, female sanitary products, hair bands, soap, toothpaste, toothbrush, shampoo/conditioner, nail files, nail clippers, etc.
- **Legal Harm Reduction Substances**
- **Meals –** including 3 hot meals per day, and special meals to allow for medical dietary needs, religious preferences, and modest personal preference
- **Snacks and Nonalcoholic drinks -** We provided a relatively wide range of snacks that clients could order and have delivered to their rooms on a regular 4/day schedule



D. Clinical

The Quarantine and Isolation sites are essentially outpatient care settings but with a limit on the capacity to manage very sick or unstable clients. It is necessary to establish the relevant clinical protocols, clinical management hierarchy, personnel/staffing models, stock of medications and supplies, and workspace for the optimal safety of both clients and staff. To provide proper service, the clinical team works closely with the Case Management, Mental Health, Security, and Site Management teams. *

Roles and Responsibilities

Clearly define roles, differentiating between clinical, Case Management, and social service client responsibilities

Hierarchy – Make sure that the reporting structure is clear. Establish who is responsible for resolving various intra-team issues, including clinical, HR, procurement, and scheduling. Work with other team leads to do the same for inter-team situations.

Workspace Design

Optimize workflow – define clinical spaces with appropriate, impactful IPC signage

- **Donning/Doffing Area(s)**
- **Equipment -** Location of computers, printers, Fax, portable HVAC, tables, chairs, biohazardous waste receptacles, rolling cabinets, etc.
- **Hot/Warm/Cold Zone –** create obvious barriers and signage for entry/exit for Hot zones
- **Intake and Discharge –** Inform Site Management on the design and placement for intake and discharge
- **Noise –** Mental Health reported that placing our intake areas near busy streets could trigger clients with serious mental health issues while they were being admitted to a Q/I site
- **Office space & Work Stations -** Separate individual work areas defined by required social distancing, e.g., Provider, Nursing, Med-Tech
- **Storage –** Make contents explicit for easy access or not explicit to protect high value items such as PPE
- **Special requirements –** e.g., increased air flow, lower or higher temperatures, bio-waste disposal containers

Site Inspection

Walkthrough: Familiarize your team with the office space, general site layout, and types of client rooms (you will not be entering client rooms very much, if at all, after you begin intakes).

Coordinate with Case Management and inform Site Management on how and where the intake and discharge area should be set up; allow for multiple simultaneous intakes.

Workspace Setup

Furniture/Equipment Immediate Need - Coordinate with Site Management on what equipment and furniture must be received and installed before intakes begin
Heating/Cooling Space - Work with Site Management to arrange an orientation for heating and cooling your space, as well as, location of emergency exits
Team Hours – Establish work hours during move-in and setup and inform all other teams
Safety and Security: Infection Prevention and Control

- Coordinate with Site Management on what supplies are required for IPC, including any special handling required, e.g., use appropriate gloves with certain disinfectants, store surgical gloves in an area with moderate temperature
- Inspect your workspace regularly for any safety issues and inform Site Management, e.g., trip hazards, unsecured entry/exit doors, lack of appropriate signage, broken furniture

Signage - Work with Site Management on preparing and placing appropriate IPC signage and barriers
Storage – work with Site Management on where daily supplies will be staged and long-term supplies stored, as well as, specialized equipment, e.g., rolling steel cabinets

*See Bibliography – Internal Documents – Harm Reduction - HFH

Recordkeeping

Clients – Records will need to be available to the entire clinical staff. Be sure and discuss network access for new staff with IT.

Staff - Establish a separate administrative team to handle scheduling, invoicing, and HR/onboarding as soon as possible. In the early days of the response, it's necessary to have personnel able to produce all the appropriate documentation.

EMR - Whatever record keeping system you adopt at the beginning should be set up to allow for the smoothest possible transition to the approved protected electronic medical record (EMR) system or transferrable database as soon as possible.

Supplies

Medical: Non-prescription – Coordinate with Site Management regarding all items that they will order (*see Bibliography - Internal Documents - Basic QI Site Meds and Supplies*)

- Establish initial OTC list, including quantity and frequency of orders, as well as, what needs to be on hand to begin intakes
- Establish initial storage requirements, including type and number of locked containers

Medical: Prescription – Coordinate with Site Management on picking up prescription medications. At the peak of the pandemic, Site Management had a 7 day/week pick up serving multiple Q/I sites.

Staffing Notes

- Hire providers that have street medicine or behavioral health experience if possible
- In the beginning the right number and type of clinical personnel may not be known – a mix of all types of clinical personnel was highly useful, to allow us to flex with a day-to-day changing situation and knowledge base
- In a pandemic situation, you may find it necessary to staff from multiple sources, including full time County staff and registry staff. It was helpful to have key positions staffed by experienced full time county personnel who understood county clinical systems.

Partners / Medical

Establish pharmacy, lab testing, and specialized clinical supply ordering, and pickup/drop off processes as soon as possible.

Drivers – due to driver shortages, leveraging Site Management staff who used their own vehicles for transport was quite helpful

Pharmacy Relationships

- We established relationships with pharmacies near Q/I sites to avoid long delays reaching pharmacies due to traffic delays or road closures
- We utilized County pharmacies to streamline medication efforts

Procedures and Protocols

Work with all relevant teams to define de-escalation (*see Bibliography – Internal Documents – De-escalation and Reporting)* (*see Bibliography – Publications – Reducing-Harm-During-COVID-19-for-People-Using-Drugs-at-ACS*). Here is a list of possible procedures and protocols that include other teams:

- Shelter in Place
- Death On-Site
- Discharge
- Fall Prevention and Response
- Harm Reduction (*See Bibliography - SOP No: MS-159 – Harm Reduction Management*)
- Intake
- Medication Management
- Patient Elopement Against Medical Advice (AMA)
- Patient Transfers
- Pharmaceuticals Storage, Ordering, Inspection, Evaluation
- Risk Management
- Weapons and Contraband

E. Clinical Referral Team

Background

For several months, client referrals were handled by existing resources in the Department of Public Health. However, when our caseload jumped suddenly with a new wave of infection, the increased volume of referrals proved too much to handle within the existing system.

It was decided that the Department of Health Services would create its own Clinical Referral Team for client QI placements. This proved challenging as DHS ramped up in the midst of a surge in cases.

Assess whether your present referral process/team will be adequate if the number of people experiencing homelessness requiring Q/I goes from 3 to 6 to 30-60/day.

We recommend creating a dedicated Clinical Referral Team at the beginning of the response, even if that is one part-time staff person at first. Having some dedicated capacity from the beginning, with a plan for scaling, will prove useful during a surge in referrals. At one point, as the infection curve accelerated, we were 24-48 hours behind on placing referred clients.

One part-time staff person can establish the essential relationships with other County teams, e.g., Clinical, Field Outreach, Transport, Sheltering, etc., that will facilitate scaling as needed.

Establishing a Seperate Referral Team Workspace

Where

Quiet corner near provider and/or charge nurse for quick questions

What

- Day 1: Table and chairs for 1-2 staff, 2 computers, 1+ dedicated phone, 2 whiteboards on wheels
- As Infection Curve Increases: Table and chairs for 2- 4 staff, 2+ dedicated phones, 2 whiteboards on wheels

Who

- Nurse or social worker familiar with the unhoused community and related resources
- Start with one person who is familiar with the area and the clinical team, who can then train/backup staff who may not have local knowledge
- Have senior nurse who knows the response and the area oversee the team

How

- Provide central database covering all Q/I sites, if possible, showing real time updates on room/bed availability and type, e.g., ADA, family, etc.
- Tie database to area map to provide transport with relevant information

Integrating a New Q/I Site

As soon as the contract is signed for a new site, alert the referral team, provide as much information as possible, including:

- First Date for Intakes
- Location, address, and general geographic area (note that referral team staff may not be from Los Angeles)
- Phone #'s: provide dedicated phones that remain with Referral, not individual staff
- Number of rooms (hotel/motel)/beds (congregate)
- Number of ADA rooms
- Limitations, e.g., 50% of rooms require climbing a flight of stairs; no registered sex offenders; or no families
- Specialties, e.g., higher level mental health and/or clinical care; families; parolees accepted

F. Communication

Inter-Team

FEMA: National Incident Management System - Ensure key staff from all professions have a common understanding of how to organize and operate effectively together in constantly changing environment. Share basic FEMA-NIMS guidelines during daily orientations to help in level-setting the entire team.

Huddles (Short, Standup Meetings)

We held 2 all-team huddles (morning and evening) as an effective way to bring the entire team up to date on important information, to address rumors and concerns, and to allow folks to see their colleagues on a regular basis. When our census slowed down, some sites chose to have a team-lead only huddle, as there was less information to transmit and in general, people knew each other (*see Bibliography - Internal Documents - Team Huddle Checklist*)

General

SPOC - Stipulate one person from each primary team, e.g., Case Management, Clinical, and Site Management to act as the Single Point of Contact for their team and establish clear guidelines about who is responsible for what.

Day 1+

- **Contacts -** Establish clear channels of communication; create a list with the names/contact information of specific accountable staff – disseminate updated contact list daily/weekly as appropriate
- **Updates -** Make sure that all staff on all teams get all updates
- **Inter-Team Responsibility -** Define communication procedures/responsible individuals between teams; e.g., who on the Clinical team is responsible for keeping Site Management up to date and vice-versa
- **Reports -** Keep data communication confined to as few reports as possible
- **Common Client Data –** Create some type of display, paper, white board, or electronic, from day 1 to provide most important client data to all necessary staff/teams
- **Information Access is Critical –** Ensure a robust onboarding of new staff, particularly orienting them and keeping them up to date at least 2x/day, if not hourly for major changes in the early days. We recommend that you establish a more formal system as soon as possible.

Placement of Q/I teams in different physical locations at the Q/I site restricted good information flow and cooperation

- **Initial Use of RV Park for Q/I –** Clinical team was in one trailer, while operations were in a different trailer
- **Hotel Use for Q/I –** Teams that were at least next door worked better together than teams that required a significant walk to locate
- **Motel Use of Q/I –** In one location Case Management was in the motel office area, while Clinical and Site Management were co-located in the restaurant across a driveway; collaboration, process improvement, and collegiality suffered. In a second motel location, all three teams were in the same general office space and cooperation arose naturally.

This will be particularly important if you are working with staff from different employment situations and professional backgrounds, e.g., full-time County staff, contractors who have never worked in a government environment before, volunteer County staff who may have little or no experience in their Q/I job, people from out of your geographic area, and people working in an unfamiliar professional environment, e.g., social worker without experience with homeless clients, Case Management without medical site experience, or clinical staff from surgical facilities.

All-Team Meetings

Set a standard as soon as possible to hold all-team meetings which help resolve significant areas of friction and prevent the build-up of tension, as well as, surface excellent suggestions for process improvement. As a 24x7 operation you can't include everyone, but you can consider, particularly in the beginning, to hold one for the day shift and one for the evening/night shift.

Collaboration Software

We used MS teams. Whatever you use include all relevant teams.

Walkie-Talkies

We used handheld, 2-way radios for communication across the site and across all teams for common, quick communications. Where needed, we could assign separate channels for more limited purposes. However, we found that providing everyone access to general communications improved overall team cohesion. Low power worked well in motel-type sites; a bit higher power was required for multi-floor hotel-type sites. Sixteen channel units proved inadequate in some urban areas, so we went to 50 channel units. We developed our own guidelines for using the system, as different staff brought conflicting practices with them from previous jobs.

Sharing Client Room Status Across County Agencies (Online Q/I Live-Bed Tracker)

To facilitate daily reporting of room/bed availability with recipients that did not have access to the county IT network, we developed a simple, online survey form.

Each site entered their individual information before 11:30 and 15:30 every day. The application collected the information and published it in summary form. DHS-IT could then provide access to whomever needed it.

Daily Situation Report

- Written, posted, and distributed daily
- Most up to date general project and context information

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Updated, posted, and/or distributed daily:

1. Contact Lists: Provide phone, email, and physical location of key team members and/or key roles, e.g., 'Referral Team' or 'Charge Nurse'
2. Maps: Printed and electronic to help guide all staff
3. Procedures and Guidelines: Published as soon as possible for key processes
4. Staff Schedules: Publish staff schedules where everyone can see who is doing what by shift & day, particularly in the beginning when that will change a lot

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Orientation

Daily meeting with at least one senior staff person to orient new staff on each shift

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Training

Whatever will support staff in doing their work more effectively, e.g., IPC, Donning/Doffing, De-Escalation

G. Maps

Map Subjects

Site Interior:
- Client room location & type
- Donning/doffing areas
- Electrical panels
- Fire suppression/alert system
- Ingress/egress
- Meeting rooms & offices
- Security cameras/circulation/posts
- Storage rooms/cabinets
- team locations

Site Exterior
- Client rooms (in motel, RV or tent setup)
- Delivery/pickup
- Donning/doffing areas
- Evacuation routes
- Hot/cold areas
- Ingress/egress & parking
- Security cameras/ circulation/posts
- Staff/client entry/exit
- Storage areas

Area Where Site is Located
- Major streets and highways
- Neighborhood parking with restrictions
- Neighbors
- Last minute vendors: grocery stores, pharmacies, restaurants

Region
- Major throughways
- Rush-hour problems and times
- Alternate routes

Major pandemic responses will require hiring/transferring staff who are not familiar with the area or even a region into which they are transferred. Provide paper and electronic maps. Electronic maps are fine, however, in some cases hard copy is quite useful, e.g., posting at a site for quick reference for all personnel, attached to items being transported, or including location detail for an outreach team.

H. Data Management

We leveraged the existing County DHS Data Management team:

Pros:

- well familiar with County structure and policies
- Could go to work immediately; had all that they needed at hand
- Highly skilled
- Good in facilitating conversation between technicians and general non-IT staff
- Became familiar with QI staff and made some good suggestions
- They came to understand our program, that we had uncommon needs, and that we had approval to move ahead rapidly without the normal review processes

Cons:

- **Workload –** They had to add Q/I data needs to existing workload under pandemic conditions
- **24x7 –** The Data team worked a normal Mon-Fri 40-hour schedule whereas QI was expanding and changing rapidly within its 24x7 schedule, so "immediate need" had a different meaning for the two teams

Monitoring and Evaluation

We didn't have a classic M&E team as part of our Q/I activities. This was unfortunate, as we could have used real-time data analysis to improve our operation more quickly and provide significant post-pandemic insight.

Site Management Room/Bed Status Reports

At the height of the pandemic Site Management was submitting 3 online reports, multiple times/day, with information that could have been consolidated in one report. Ideally, internally maintained Q/I room/bed tracking details would have automatically populated any required report.

Procurement Data Capture

All financial transactions will need to be tracked and recorded to be able to meet the inevitable financial audit requirements. Consider what logs will be needed: catering, contractors, equipment, furniture, medication, staff reimbursements, supplies, services, vendors, etc. Consider what recurring procurement needs there may be and what those schedules and billing timelines will look like. Put something in place as soon as possible that can be easily transferred to other media as needed. Paper or personal electronic devices will work, as long as you know that you will be asked to transfer those records later in the response to a formal system.

File Management – Clinical

Intake/Discharge Clinical Log - Each client admission/discharge at a Q/I facility was treated like any other medical facility. The Clinical Team maintained the log and transferred relevant information into each patient's clinical chart.

Find a way to bring EMR online even in the first weeks. It is important to ensure integration into the County medical records system. We maintained summaries electronically and individual medical records on paper.

Long-Term Records - Tracking where our unhoused clients were coming from and where they were going upon discharge was important. Our Case Management team used a separate national database for logging data. This information assisted with required funding source reporting, including justification for the needs of our unique client population. This also supported our success rate for sheltered placement upon discharge.

I. Finance

Nonprofit Acting as Fiduciary Partner – To expedite hiring, purchasing, and some vendor contracts (some of the larger contracts were managed by various County departments, where there were existing relationships), the County partnered with a local, well-known nonprofit to act as the county's fiduciary partner for Q/I (as well as other aspects of pandemic response for people experiencing homelessness, e.g., the Community Response Team handling testing, referrals to Q/I, and vaccinations for the entire people experiencing homelessness program). The nonprofit provided all necessary staff and documentation, while being able to act quickly. Funds were advanced to the nonprofit and renewed based on clear record keeping and appropriate audits.

Financial Review –
Ensure an accounting/finance officer is a part of the leadership team throughout the response. Over time, financial review could have provided major cost and/or time savings.

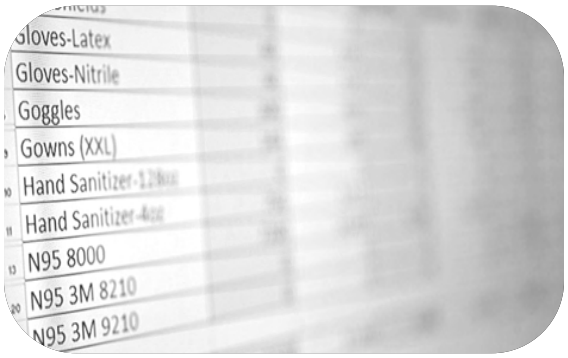
Financial Officer – Possible Advantages

- **Biowaste Services –** questioning the need for high-cost specialized waste handling earlier in the operation could have accelerated the move from biohazard treatment of much of the waste to normal waste, at much lower cost
- **Catering Services –** Review and analysis of the meals order process for a variable client census across multiple facilities to maximize 24/7 flexibility while minimizing waste
- **Equipment & Supplies -** Securing alternative sources for equipment, supplies and materials at lower cost through existing County relationships and contracts
- **Janitorial Services -** Review and analysis of the difference in cost between a "standard room cleaning" and "enhanced room cleaning" (rooms that could be COVID-19 positive and required specialized cleaning at much higher cost)
- **Overtime -** Curtailing unnecessary overtime across all teams
- **Record Keeping -** Completing, organizing, and storing critical documents at short notice.
- **Services –** Addressing needs that were filled by outside contractors with less expensive county resources

Purchasing

- **Mission Critical/Short Supply Items -** Place critical orders as far in advance as possible, particularly for items in short supply; placing multiple small orders may work better than one large order when national/regional supplies are hard to acquire (*see Bibliography - Internal Documents - Site Procurement Forms*)
- *Also see Bibliography - Internal Documents - DHS QI Site Procurement Reference Guide*

Coordinating Q/I Site Purchasing Needs



- **"Supply Tracker" for Coordinating General Q/I Site Purchasing Needs –** Each Q/I site created an MS Excel workbook based in MS Teams, the "Supply Tracker", that any Site Manager at the site could use to enter purchasing needs. There were five worksheets providing a complete record of all requests and all information needed for our fiduciary nonprofit partner to place orders and keep a clear record of all purchases (*see Bibliography - Internal Documents - Site Procurement Forms*)

Single Order Supplies & Equipment Worksheet **A. Advance Order in Supply Tracker (Pre purchase)**	**B. Last Minute Order in Supply Tracker (Post Purchase)**
• Description of Item • Quantity • Needed date: Immediate; 2-3 Days; etc. • Web address with specific item and source - the purchasing team did not have the time to research every item that a site needed (at times, dozens or more per day) • Name of person placing order • Reason for order • Name of person approving order • Applicable accounting and purchasing data fields, e.g., account number	• Plan on having many last-minute needs that the team must fulfill, particularly when opening a Q/I site and when your census is high • Determine who will purchase and how will they pay for items in real time, at any number of ad hoc outlets - We used personal credit cards with purchasing guidelines, approval mechanisms, and bi-weekly reimbursement. This did not work efficiently and was awkward for staff. • Concern about control prevented the creation of both a petty cash account and a team credit card • We set up an online personal shopper account through our purchasing partner, but it didn't work for many staff • Determine how items will be transported with little or no advance warning
Catering Worksheet	**National Supply Company Recurring Orders Worksheet**
• Date of Order • Client and Staff Count • Meal Type and Quantity - when our census was high, we ordered 10% extra, in case we had unexpected intakes and/or requests from clients for an extra meal • Total Order • Delivery next day for Monday-Thursday orders and Saturday-Monday for Friday orders	Weekly, we would have a supply of snack and food items ordered for delivery the following Monday. This included snacks, beverages, and basic supplies such as plates, plasticware, etc. Items consumed at a lower rate, e.g., cleaning supplies to office supplies, were added to the weekly order for the middle of the month.

J. Mental Health

Establish Orientation/Training Led by Mental Health:

(Although you may think this only useful for client-facing staff, note that at one time or another all staff may be client-facing)

1. 101 Introduction to MH can help all staff to understand MH, what clients are dealing with, why they act/react the way they do, etc.
2. Crisis Intervention & De-escalation training before staff begin their work at a Q/I site
   - Critical for staff to understand the population they will be serving. Many staff may not have the experience of working with clients struggling with mental health issues.
   - Basic training may include understanding mental health, explaining harm reduction standards, proper terminologies to use while serving clients, safety procedures, self-care, etc.
3. Appropriate response to client requests can prevent acting out
4. Who decides and who places a 5150 hold?
5. How to utilize and not utilize 911 calls
6. **Protocols for 911** – Establish clear guidelines for utilizing 911 services and reinforce regularly
   - What constitutes a clinical emergency
   - What constitutes a mental health emergency
   - What constitutes a safety emergency and how to phrase it when calling 911; e.g., police departments may treat the report of a "possible threat" very differently than an “imminent threat”

Mental Health Team:

Clinical social workers, psychologists, or psychiatrists who have experience with PEH

Defining the Workspace

- Let the Site Management team know what office setup is required, including location and size
- Arrange with Site Management for orientation on heating/cooling

Equipment and Supplies

Let the Site Management team know what is required, including computers, printers, shelves/cabinets, and office supplies

Staffing - Day Shift/75 Room Site

- Day 1/<20 Clients: 1
- Day x/20-40 Clients: 1-2 re: Acuity
- Day x+/40-80 Clients: 2

Staffing - Evening Shift/75 Room Site

Day 1 Presence - Staff a mental health person before opening and integrate as a team, being prepared to work with high acuity clients.
Staff to Census – Make sure you have enough MH staff to cover the needs of facilities whose census may go quickly from 20% to 90% occupied

- Day 1/<20 Clients: On Call
- Day x/20-40 Clients: 1 or On Call
- Day x+/40-80 Clients: 1-2

See Bibliography for the following:

- *Publications - Reducing Harm for People Using Drugs & Alcohol During the COVID-19 Pandemic: A Guide for Alternate Care Sites Programs*
- *Internal Documents – Mental Health Emergency Flowchart*
- *Internal Documents – Managing the Agitated Patient_Flowchart*

Communication

- Collaboration software was used for some departments. Make sure to include relevant Departments (i.e. Mental Health)
- **Emails –** DMH should be copied on all client issue emails
- **Meetings –** DMH should be in all client meetings; their expertise may prevent some hospitalizations, provide quick de-escalation, help to make quick assessments, and prevent room damages
- **Radios -** DMH staff should have radios which can help them to know what is going on

K. Partners

Government Partners

Give government offices as much notice as possible to schedule any services they will provide to the Q/I operation:

Construction & Equipment – Provided support for repairs, construction, and rental equipment when opening a Q/I facility

Fire Department – We had incredible support from the fire department, who helped with everything: analyzing possible Q/I sites; setting up traffic flow; moving large quantities of material; finding supplies; taking client clinical vitals.

IT – Establish that Q/I sites are medical facilities. (We were downgraded in their system for 1 year without knowing it, which meant we often had to wait for extended periods to get service)

Legal – HR and Contracts

Permits – One building we used for Q/I had expired fire sprinkler system permits. It would have been a major problem if we had opened and then been forced to shut down while getting the renewal.

Police Department – Arrange a site visit with local precinct– provide full detail on how Q/I sites are limiting infection, to allay any fear of coming onsite. Find out exactly what it takes to get them to respond to a real emergency and orient all appropriate staff. (e.g., 911.)

Public Works – May provide support for a variety of things, including parking (we had the street officially blocked in front of one Q/I site to provide easy ambulance parking and they provided fencing and large tents at another site).

Nonprofit Partners

Finance
Los Angeles County contracted with a known nonprofit to manage most Q/I finance: hiring, purchasing, and contracts, to facilitate fast and flexible response during a pandemic

Case Management & Social Services
Los Angeles County contracted with nonprofits that had extensive experience with managing housing for people experiencing homelessness and who could staff a range of experts, including Case Management and nursing. This partnership facilitated bringing a new Q/I site online.

Limitations:
The Q/I program differed from housing people experiencing homelessness in important ways:

- Q/I sites provided a range of "high-touch" services from early in the morning to late in the evening, including clinical and mental health services, meals, snacks, entertainment items, and harm reduction items–ensure all partner staff are comfortable working within this framework.
- Provide orientation and training on the range and acuity of behavioral and clinical issues at a Q/I site as needed in the beginning, e.g. harm reduction approach, de-escalation techniques, etc.
- Q/I sites were managed by County staff, contractors hired by the fiduciary partner, and nonprofit partners, which required increased flexibility on the part of staff.

L. Site Management

Setting-up a Q/I Site / Coordination

The Site Management Team supports all other teams working at a Q/I Site. It has responsibility for all non-clinical/non-social services activities at or between all Q/I sites.

Site Management works closely with all other teams in planning, establishing, managing, evolving, and closing all Q/I sites. Site Management provides a range of services to support the daily activities, including:

- County Services Coordination, e.g., Construction, Contracts, Finance, and IT
- Equipment & Supplies: Purchasing/Leasing, Transport, Storage, Monitoring and Distribution – All Non-clinical; Some clinical, Including PPE and OTC
- Maintenance and Repair
- Preparation of all Q/I Sites
- Safety and Security
- Site Owner/Agent Coordination
- Vendors- Establishing & Maintaining at All Sites: Catering, Janitorial, Linen, Security, Telco, Waste Removal

Non-Site Based

Have one senior site manager oversee all external needs, e.g., County departments, site owners, HR for new staff, partners, vendors Regulations – Coordinate closely with proper County department(s) to discover any necessary improvements (CO2 detectors in every room), repairs (staircase railings not up to code), or inspections (fire suppression system is not up to date and/or fully validated)

Site Based

- Have one senior site manager oversee all site-based needs
- **Construction –** Identify any needs to schedule work as soon as possible; e.g., in one case we needed to add an ADA ramp and create space for a male and female smoking area
- Coordination with construction contractors, Q/I teams, and vendors (janitorial, linen, security, waste, etc.)
- **Equipment/Supplies -** scheduling/accepting/unloading/dispersing, site owner's maintenance staff, training for new staff; ideally this will be the person who takes on the Site Director position at that site
- **Meals –** Catered for Clients and Staff (*see Bibliography – SOP No: MS-165 – Meal Orders*)
- **Physical Plant**
  - **Access -** Check and redefine as needed all ingress/egress points
  - **HVAC -** Review HVAC for fully functional cooling/heating and location/operation of thermostats
  - **IT -** Bring appropriate IT experts onsite to discuss near and longer-term needs with Q/I staff to assure establishing an adequate service
  - **Plumbing & Electrical –** Run water and turn on all lights to check for needed maintanance
  - **Safety -** Resolve any safety issues before clients come onsite (see "Safety and security issues:" on page 34)
  - **Signage –** provide appropriate interior and exterior
  - **Walkthroughs**
    - Site Management staff should do a separate and complete walkthrough, taking notes and photos, to avoid any disagreement with site owners when closing the Q/I site – we found it worthwhile to do our own complete walkthrough and then a 2nd walkthrough with site owners to confirm our assessment. We shared all notes and photos concerning existing damage, issues, and hotel property with site owners
    - Coordinate senior Q/I team leaders walkthrough to decide on proper allocation of space for each team – Note that placing teams near each other can enhance efficiency and can help build a sense of team across different specialties

Key Learnings

Client Interaction - Site Management may participate in discussions with clinical and social services about specific clients, offering support and suggestions as appropriate. However, Site Management does not need to have direct client interaction. There may be exceptions to this guideline, however, if it becomes a regular occurrence, it will likely pull site managers from their primary responsibilities.

Leadership - Have one person per site (Site Director) who keeps an eye on everything and coordinates with senior staff as needed, e.g., site owner, Q/I site team leads, vendors.

Logistics/Transport - Establishing a logistics team of 1 person using their personal cars, supported excellent movement of supplies, including urgent pickup/delivery of prescriptions and other important items, in a 7/24 operation. With multiple Q/I sites, we increased to 2 full time people using their own cars.

Maintenance: Include in the site lease/contract to assure that experienced building personnel have responsibility for repairs and maintenance–they know the building, the area, useful contractors, etc. and will be much appreciated when the heating or cooling, plumbing, sewer lines, etc. cause serious problems.

Plumbing: You will have plumbing issues no matter what facility you chose – be ready to deal with clogged drains of all types

Electrical: You will have electrical issues, as clients will move electrical devices and overload the circuits, buildings may be old and not wired well – know where the electrical breaker boxes are located and how to identify which room - we had facilities with no labels on the breakers (*see Bibliography - Internal Documents - Motel Electrical System Notes_Example; Motel Plumbing System Notes_Example.*)

Critters: You will have outbreaks of bed bugs, lice, mice, rats, raccoons, roaches, squirrels, etc. – establish a relationship with a pest service that provides quick response and does an inspection before treatment.

Multiple Sites Opened at the Same Time: Not much more difficult than opening one site, if you have one good leader for each site.

- **Exception #1:** If staff are difficult to recruit and onboard, simultaneous site openings will be problematic
- **Exception #2:** If partnering with a nonprofit to provide Case Management and social services, more guidance will be needed.

Equipment & Supplies:

- To satisfy different move-in dates, multi-site supply orders can be delivered to one site and dispersed as other sites are ready
- Use your experience with opening one site to create lists of standard supplies and equipment (*see Bibliography - Internal Documents - QI Site Equipment_Supplies List*) to allow you to pre-stock additional sites quickly, e.g., furniture and fixtures, specialized medical equipment and supplies, OTC medications (*see Bibliography - Internal Documents - Medical Supplies_New Site_General List*), pediatric medications and supplies, snacks and drinks, etc..

Leadership: Stipulate an agreed lead for all sites, tasks, and teams – lack of clarity of who is in charge creates unnecessary delay and inefficiency.

Move-In:

- Rolling Dates for Multiple Sites
- Staged for Construction – multiple sites: use the one that is in the best condition to take initial, urgent clients, while other sites are prepared; this works at one site as well, where you use one floor or wing that is in the best condition, while the remaining floors/wings are prepared.

Site Specific Needs: Furniture; hazard reduction/prevention, e.g., additional swimming pool security; repairs and upgrades (e.g., security cameras, fencing, privacy screens).

Vendors:

- Use the same vendors where possible for key services, to avoid multiple conversations, orientations, and contracts.
- Use larger, rather than smaller vendors, as vendor staff, supplies and equipment may be in short supply, and they will have more leverage in the market. They also are more likely to have staff who have at least some relevant experiences that can act as site leads, as new staff get trained.

L. Site Management (Continued)

Safety & Security

Cameras - We added cameras at motel sites to provide full view and a digital record for all angles on the site, in particular areas that were out of sight of our security team

Doors/Client Rooms - We removed deadbolts and backup key covers from all client rooms, to allow access without breaking the door

Entry to Q/I Site - Create guidelines for everyone coming on-site, including staff, vendor, and visitor sign-in; security team will take responsibility for implementing

Evacuation Plan – prepare for specific site (*see Bibliography - Internal Documents - Site Protocol - Evacuation Plan*); often hotels and motels will already have a written evacuation policy that can be adapted for use by the Q/I team.

Hot and Cold zones – immediately delineate and assign security to maintain the perimeter to acquaint everyone with designation before clients are onsite

Windows - We added exterior window stops to prevent people from climbing out a window

Contraband - Establish guidelines for the entire team on what constitutes contraband, when to look for it (at intake; package delivery to clients; and during daily routine), and what to do when it is discovered. (*see Bibliography - Internal Documents - Early Days_QI Substance and Supply Procedures; Weapons and Contraband Guidelines*)

Waste:

- Define and post clear description of the difference between infectious and non-infectious waste
- Note that early in the pandemic there is a high likelihood that many types of waste will be considered potentially infectious and will require the most careful handling. However, as national authorities gain a greater understanding of the pathogen, you may be able to safely limit the definition of potentially infectious waste, thereby substantially reducing cost and complicated waste handling procedures.
- Arrange proper orientation/training for janitorial and site management staff; anyone handling waste

Infection Prevention and Control (IPC) – *see Bibliography - Internal Documents - Safety Preparedness*

- **Coordination:** have a dedicated IPC officer, who stays totally up to date on the available science, provides real time updates to all concerned, and has the power to control PPE and to effect immediate changes at the team level, e.g., increasing or decreasing the disinfection procedures to stay safe and be as efficient as possible
- **Home versus Office:** Define those jobs that can or must be done from home and those that require on-site hours – include this in all job descriptions
- **Individual Staff IPC:** Define and post clear guidelines for individual staff IPC, including sanitizing, social distancing, PPE, etc., as defined by clinical team
- **Operational Area Delineation:** Define all distinct areas of operation, and guidelines for that specific area. Example: Donning and Doffing area, Security point, Security check area, intake and admission area, discharge area, nursing, and clinical workstations. Define a centralized area for all-team huddles that will allow appropriate social distancing.
- **PPE:** Define what Personal Protective Equipment will be required to be worn: how, when, where, whom
- **Sanitizing Workspace -** Define how the site will sanitize workstations, general workplace, high traffic areasww, Hot versus Cold Zones and arrange appropriate training for janitorial staff
- **Sick or Exposed to Infection –** Work with clinical team to post clear guidelines on what a staff member should do if ill and/or exposed to infection; include any specific guidelines regarding the workplace, home, and travel
- **Social Distancing**
  - Define how your will staff maintain social distancing, to maintain a safe environment while fulfilling their job duties
  - For areas where your staff cannot maintain distance, define how will you protect them

Communication: Intra-Site Management Team

Collaboration Software – Implement as soon as possible, e.g., MS Teams – Each Q/I site was given a "Team". As sites opened, we could easily add teams to allow broad, while protected, sharing, e.g., inventory, processes and procedures, client room/bed availability, etc.

Custom Applications - Creating our own applications with DHS IT was very helpful, but also required many weeks to finalize design, test, roll out, and train

Client Room Status: Room/Bed Tracker - A particularly useful application was the Room/Bed Tracker , which allowed every Q/I site to create an online, real-time picture of all rooms and/or beds in every Q/I facility; that data could be made available to anyone who had access to the county network and provided real time insight into the status of Q/I Rooms/Beds across the County. (*See Bibliography - Internal Documents - QI Sites Bed Tracker*)

This Tracker was built in an Excel workbook within the MS Teams environment. Individual Q/I Site Managers became quite adept at updating their site worksheet, as it supported them in doing a better job of keeping their rooms/beds available and in good condition. The Tracker contained multiple tabs for each Q/I site:

- Complete data on room/bed occupancy, as above
- Maintenance needs - supported working with maintenance team to get rooms back online asap
- **Cleaning status** – supported communicating with janitorial company on daily client room cleaning needs to turn rooms over asap
- **Meals** – Allowed Site Management to more effectively assist requests for extra meals at all hours, as they could quickly determine what type of meal was needed for a particular client

L. Site Management (Continued)

Site Design and Setup

*** Easy Access –** After we were more organized, less expensive clinical and non-clinical supplies were laid out for immediate access for all staff on an honor system (staff filled in a paper sheet with what they took, which was monitored by the Site Management team, who sat near the distribution area). This dramatically increased staff efficiency and client comfort, with little evidence of inventory misuse. High value and controlled items were more carefully stored and distributed.

Equipment and Supplies

Issues

- **Unavailable**
  - Most retail stores were closed and online purchases could not be delivered
  - Order more than you think that you will need. Key items in short national supply may be managed by designated County staff, e.g., PPE, so you will not need to worry about taking critical supplies from other programs
  - Keep everyone up to date on supply issues, including possible counterfeit materials
  - Empower team leaders to be creative when dealing with shortages/delays
  - Have an open line of communication with key County purchasing teams, e.g., PPE and critical clinical equipment
  - Don't wait on any one item to open a Q/I site. Resourceful staff will come up with many work-arounds to get things going and then make adjustments as needed and when available
- **Printer Trauma –** We had never ending issues with printers and no one readily available to solve them
- **Calibration –** We had problems with maintaining calibration of the rolling carts used for taking client vital statistics. Clinical and Site Management need to work closely together to keep all equipment in good shape.

See Bibliography – Internal Documents - QI Site Equipment_ Supplies List

Workspace

Establish Site Management Workspace

- All necessary warehouse/outdoor equipment, including carts, canopies, dollies, tools, and useful parts
- All necessary office equipmment & supplies, including computers, fax, shredder

Shelving– We list this separately, as you will need a variety of types and sizes asap

Safes:

- Floor Model - 2'x2'x2' for large items
- Table Models fo small items, e.g, keys
- Locking Cabinet for bulky items, e.g., lost and found

"Office": Use open seating near supplies *

Storage:†

- Quick Access for Daily Needs
- Long-Term for Bulk Needs
- Speciality - High Value, Harm Reduction

*Site Managers need to be readily available to all other teams 7x24. Their "office" space should be centrally located and open to all. It will need to contain enough room for several large tables for a properly socially distanced team with their computers and table space for small jobs. Place it in the same area as your storage for items that will be needed immediately/regularly. That storage can consist of open floor space for pallet sized loads, built-ins, and/or added cabinets, shelves, tables, and assorted small and large specialty storage containers

†Site Management will have a range of storage needs, e.g., clothing, equipment, supplies, clinical OTC items, clinical backup equipment (O2 concentrators, gurneys, sanitizing equipment and supplies, vitals carts, walkers, wheelchairs), parts & tools, hygiene items, office equipment and supplies, PPE, stored/archived records for all teams, snacks/drinks, etc.

Information Technology

Q/I Site Network Design & Installation

- Make sure your IT team installs extra network capacity*
- Team Leads Inform Site Mgmt of Computer, Printer, Screen, Fax Needs & Locations
- Insure your network has reach, expansion pushed us into areas not served by our initial installation
- Have a tech-savvy persom from Site Management work directly with the IT Team at the time of installation, to catch anything that was lost in the design conversation
- Purchase enough backup, portable generators to power critical clinical equipment in the case of a power outage.

- Where the hotel had an internal switchboard, it was utilized for patient communications.
- Where clients could not dial out on a hotel line, we provided mobile phones*

Protect critical electrical supplies:

• Old buildings may have limited capacity
• Plan for devices with high power needs e.g., portable heaters or zones with many devices that need power
• As appropriate, specify surge protectors and UPS units to provide reliable and continuous power during a blackout

Dedicated local telco lines

• There were times when no one was answering their mobile phones and it was critical to get through to someone at the site
• For Fax machine

Stock extra equipment and supplies to support immediate replacement for broken items, particular printer ink

Safety

Site management will need to stay on top of cable control to avoid potential trip and shock hazards

* Some of the Q/I sites did not have phones in every room, so we purchased inexpensive phones to loan to clients (many were returned, some not) if they did not have one – to communicate with our team, their family, case manager, parole officer, doctor, etc. In a congregate site, we added phone lines so clients could talk with nursing and maintain IPC

*Work with IT to ensure installation of the appropriate amount of computers for program scope

Neighbors

Meet with Neighbors
Proactively talk with neighbors and give them basic information to allay concerns and false rumors. If they have specific concerns, do the best to address their concerns.

Fencing/Privacy Screens
We installed fencing and privacy screens in key locations at most of our sites, to prevent unmonitored entry/exit and to provide a visual block. We added signage to the outside of the fence/screen as appropriate.

Gates
In several cases we installed some type of gate with a security guard to prevent entry without clearance, to help define the boundary of our site, and direct traffic to the proper area.

When faced with opposition by neighboring communities:
Choose Sites:

- Less visual access by neighbors, particularly intake/discharge areas with ambulances coming and going
- Separate from residential areas
- Located in areas where homeless clients know where they are
- Ensure controllable perimeter

Trespassing on the Q/I Site
We found it prudent to install video cameras in any area that was not in line of site with our security posts.

Trespassing from Q/I Site onto a Neighboring Property:
Security camera installation also helped significantly to eliminate this problem.

Waste

General

Site Trash Containers - We included regular waste pickup in our site leases. When we needed to adjust the schedule due to a major census increase or decrease, we worked through the site owners.

Large, 30-40 gallon waste bins (50-60 gallon were too big for easy handling) were placed along the access hallways/walkways for collecting room trash. Where large amounts of trash were involved, e.g., families, we provided large black plastic trash bags directly to the client, which they would fill and place outside their door for pickup.

Hazardous (Biowaste)

- We contracted with a major biowaste company, who had the trained staff and equipment readily available

• For months, it was unclear which waste should be considered hazardous and which general waste. Define your waste category needs as soon as possible to minimize the use of biowaste containers, e.g., does client general trash need to go into the biowaste stream or can it go into the normal, general waste stream. Over time, it was determined this type of material could be handled as general waste.

- Initially clients bagged their personal waste in designated biowaste plastic bags that we provided, tied the bags shut, placed them outside their door, and then our housekeeping staff sprayed them with disinfectant and transferred them to biowaste containers.

• Note that improper handling of biowaste containers can elicit significant fines and inspection regimes by other government departments.

Staffing

(*See Bibliography - Internal Documents - various titles beginning with "Early Days_ …"*)

Site Management Staff Roles

Director of Operations
Overall non-medical/case mgmt responsibility for all Q/I sites

Asst. Dir. of Operations - Field
- Add this position when needed
- Reports to the Dir. of Operations
- Together, these two positions can manage a multi-site and distributed 7x24 operation.

Asst. Dir. of Operations - HR/Finance
- Add this position when needed
- Reports to the Dir. of Operations
- Can alternate with Dir. & Asst. Dir. of Operations - Field
- Oversees day-to-day HR & Finance Responsibilities

Site Director
Responsible for all non-clinical/case mgmt activities at one Q/I site; manages and trains Site Managers in site specific processes and guidelines. Works closely with other site team leaders, vendors, and contractors to increase effectiveness of all site activities.

Site Manager (SM)
• Responsible for all non-medical/case mgmt site activities during their shift, including vendors, building staff, all other Q/I teams; purchasing, inventory; respond to physical plant problems, e.g., water overflow, broken/non-functioning equipment, faulty HVAC, bedbugs, etc.
• Cross train if you have multiple Q/I sites

Driver/Logistics
Responsible for moving materials around the system, including pharmacy pickup; backup assistant site management (must be paired with trained site manager); on-site special projects; Required - Available vehicle in good condition, class C driver's license

Site Manager (SM) Staff Scheduling

Busy 75 Room Q/I Site -
For more complete schedule see Bibliography - Internal Documents – Site Manager Staffing_Shift Duties

Day Shift: 7:30am-4:00pm; > 2 SM's
- Most Deliveries, including catering delivery if late
- May require off-site trips for last minute/urgent pickups/purchases
- Requests come in from all teams

Swing Shift: 3:30pm-12:00am; 2 SM's
- Good time to clean up/straighten, organize, do special projects
- May require off-site trips for urgent pickups/purchases
- More challenging in case of urgent problem - fewer resources: vendors are closed, smaller on-site team

Overnight Shift: 11:30pm-8:00am; 1 SM
- Includes early morning catering delivery
- Most challenging in case of urgent problem - no one to turn to for information quickly
- Someone who can sleep during the day; maintain alertness at night; operate independently; and maintain a good attitude under adverse circumstances

Rolling shift changes do not work – fixed shifts are most effective
Shift Leads: designate an SM Shift Lead for each Shift to allay conflict

CH 03
Lessons Learned

1. The signing of a final contract approval can take weeks or longer – this can prevent opening a site during a critical surge in Q/I demand. (pg 40)

2. ...Although many organizations have significant experience with homelessness services, they may not have large-scale Q/I experience. Providing guidance and leadership from the County helped these partners open and operate effectively.. (pg 40)

3. Make sure to monitor security contractors, with whom you may encounter problems like understaffing and overbilling. (pg 48)

4. A skeleton clinical staff can open a site quickly but faces the risk of immediate burnout if appropriate numbers of staff are not brought on quickly. (pg 51)

5. Clients – Records will need to be available to the entire clinical staff. Be sure and discuss network access for new staff with IT. (pg 59)

6. Staff - Establish a separate administrative team to handle scheduling, invoicing, and HR/onboarding as soon as possible. In the early days of the response, it's necessary to have personnel able to produce all the appropriate documentation. (pg 59)

7. EMR - Whatever record keeping system you adopt at the beginning should be set up to allow for the smoothest possible transition to the approved protected electronic medical record (EMR) system or transferrable database as soon as possible. (pg 59)

8. Drivers – due to driver shortages, leveraging Site Management staff who used their own vehicles for transport was quite helpful (pg 59)

9. Pharmacy Relationships:
   - We established relationships with pharmacies near Q/I sites to avoid long delays reaching pharmacies due to traffic delays or road closures
   - We utilized County pharmacies to streamline medication efforts (pg 59)

10. We recommend creating a dedicated Clinical Referral Team at the beginning of the response, even if that is one part-time staff person at first. Having some dedicated capacity from the beginning, with a plan for scaling, will prove useful during a surge in referrals. At one point, as the infection curve accelerated, we were 24-48 hours behind on placing referred clients. (pg 60)

11. At the height of the pandemic Site Management was submitting 3 online reports, multiple times/day, with information that could have been consolidated in one report. Ideally, internally maintained Q/I room/bed tracking details would have automatically populated any required report. (pg 65)

12. Find a way to bring EMR online even in the first weeks. It is important to ensure integration into the County medical records system. We maintained summaries electronically and individual medical records on paper. (pg 65)

13. Nonprofit Acting as Fiduciary Partner – To expedite hiring, purchasing, and some vendor contracts... the County partnered with a local, well-known nonprofit to act as the county's fiduciary partner for Q/I...The nonprofit provided all necessary staff and documentation, while being able to act quickly. Funds were advanced to the nonprofit and renewed based on clear record keeping and appropriate audits. (pg 66)

14. Financial Review – Ensure an accounting/finance officer is a part of the leadership team throughout the response. Over time, financial review could have provided major cost and/or time savings. (pg 66)

x26

15 Each Q/I site created an MS Excel workbook based in MS Teams, the "Supply Tracker", that any Site Manager at the site could use to enter purchasing needs. There were five worksheets providing a complete record of all requests and all information needed for our fiduciary nonprofit partner to place orders and keep a clear record of all purchases *(see Bibliography - Internal Documents - Site Procurement Forms)* (pg 67)

16 Site Management may participate in discussions with clinical and social services about specific clients, offering support and suggestions as appropriate. However, Site Management does not need to have direct client interaction. There may be exceptions to this guideline, however, if it becomes a regular occurrence, it will likely pull site managers from their primary responsibilities. (pg 73)

17 Have one person per site (Site Director) who keeps an eye on everything and coordinates with senior staff as needed, e.g., site owner, Q/I site team leads, vendors. (pg 73)

18 Establishing a logistics team of 1 person using their personal cars, supported excellent movement of supplies, including urgent pickup/delivery of prescriptions and other important items, in a 7/24 operation. With multiple Q/I sites, we increased to 2 full time people using their own cars. (pg 73)

19 Maintenance: Include in the site lease/contract to assure that experienced building personnel have responsibility for repairs and maintenance - they know the building, the area, useful contractors, etc. and will be much appreciated when the heating or cooling, plumbing, sewer lines, etc. cause serious problems. (pg 73)

20 Multiple Sites Opened at the Same Time: Not much more difficult than opening one site, if you have one good leader for each site. (pg 73)

21 Collaboration Software – Implement as soon as possible, e.g., MS Teams – Each Q/I site was given a "Team". As sites opened, we could easily add teams to allow broad, while protected, sharing, e.g., inventory, processes and procedures, client room/bed availability, etc. (pg 75)

22 Custom Applications - Creating our own applications with DHS IT was very helpful, but also required many weeks to finalize design, test, roll out, and train (pg 75)

23 *See Bibliography – Internal Documents - QI Site Equipment_Supplies List* (pg 76)

24 For months, it was unclear which waste should be considered hazardous and which general waste. Define your waste category needs as soon as possible to minimize the use of biowaste containers, e.g., does client general trash need to go into the biowaste stream or can it go into the normal, general waste stream. Over time, it was determined this type of material could be handled as general waste. (pg 78)

25 Note that improper handling of biowaste containers can elicit significant fines and inspection regimes by other government departments (pg 78)

26 Rolling shift changes do not work – fixed shifts are most effective
Shift Leads: designate an SM Shift Lead for each Shift to allay conflict (pg 79)

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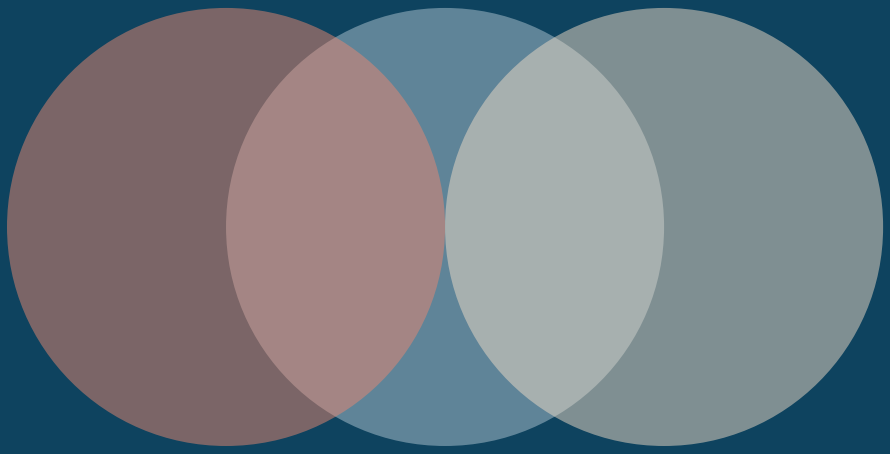
04



04 OPERATING A Q/I SITE

A. Case Management

Case Management will serve as the main point-of-contact in helping with the transition from quarantine and isolation period to a discharge location. Case Management will be assessing, planning, and evaluating the services and possible options required for the client's immediate needs within a harm reduction *(see Bibliography - Internal Documents - various titles beginning with Harm Reduction)*, housing-first model. Case Management includes a team conducting a comprehensive, individualized care plan for onsite care and offsite care, i.e., discharge planning, consisting of:

- Site Coordinator
- Clinical Case Managers
- Resident Aides

General

- Face-to-face interaction whenever needed was extremely valuable for clients with high acuity mental health issues. Telehealth can create a more isolated environment and can lead to difficulty in identifying mental health concerns due to the lack of ability to visually identify behaviors.
  - » Face-to-face interaction will also give the opportunity to assess for any signs of abuse or neglect.

- Discharge planning should be focusing on short-term goals, which will include placing a client to an appropriate shelter option or higher level of care if there is a high acute physical or mental health need. Though permanent housing is always the goal, permanent housing also includes a longer timeline.
  - » Create a clear expectation for discharge options and transitions out of QI upon arrival of client.

- Case Managers should establish relationships with County-wide transitional housing and walk-in shelter sites for immediate, same-day discharge locations

- Having access to client information before the intake arrives will give case managers an opportunity to screen the client, plan for possible behavioral and physical health concerns and determine room assignment

- A clear understanding of the term "placement" versus "housing" across all departments was imperative for managing client discharge expectations to clarify that clients might be discharging into an interim housing placement.

- Explore multiple transportation options for discharge. Using a third-party driving service was typically reliable but we found it necessary to confirm driver's ADA availability or openness to transporting a person experiencing homelessness.

Client Support

We provided a wide assortment of items to support our clients during their time in Q/I to help offset the boredom of a 10-14 day stay:

- Hotels, motels, and recreational vehicles – Small refrigerator, microwave, and television in all rooms/vehicles; books, games, tablets for internet access upon request
- Standard linens, exchanged upon request - clients made their own beds after their initial intake, for infection control
- **Toiletries –** Everything that would make someone's stay more agreeable, including, shampoo, conditioner, tweezers, hair bands, toothpaste and brush, etc.
- **Special Purchases –** Different health conditions, ages, genders, cultures, etc. made it essential that we be open to people's individual needs and do our best to accommodate requests. In general, our clients were reasonable and open to discussing their requests and making sensible adjustments.

Data Management

- At the start of COVID-19, there was uncertainties regarding private health information being shared on the Homeless Management Information System (HMIS) database; as such, we captured information through hard copy files while higher-level management reviewed documentation standards.
  - » For some clients, there was an extensive number of behavioral notes that could have been inputted into HMIS to assist future service providers in case planning.

- After approval to add COVID-19 related case notes, we used HMIS to input program services, case notes and collect client-level data.
  - » This gave other case managers that may have lost connection with their client the opportunity to reestablish communication.
  - » This assisted in ensuring future outreach endeavors for clients that are living in hard-to-reach areas.

Intake / Discharge

Basic Procedure – *see Bibliography - Internal Documents - Early Days_Intake Procedure* and *Intake Log Template Guidelines*

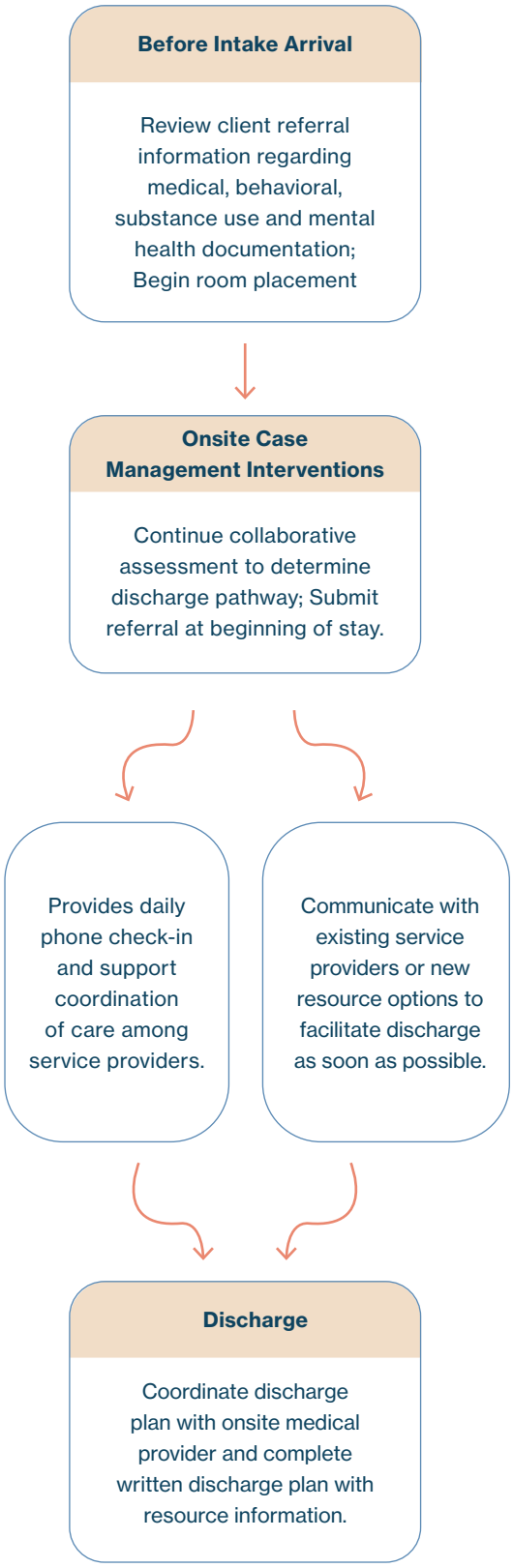
Clinical Admission Orders including Harm Reduction prescription – *see Bibliography - Internal Documents - Clinical Admission Orders w/Harm Reduction*

Intake Form – *see Bibliography - Internal Documents - Intake Form; Medical Admissions Documentation*

Planning Flow – *see Bibliography - Internal Documents - Discharge Flowchart*

Case Management staff will use motivational interviewing and problem-solving interventions to assist with harm reduction interventions, crisis intervention, and de-escalation efforts with clients to increase safety and compliance with onsite guidelines. Staff will document all guest interactions.

Discharge Planning: Flowchart


Before Intake Arrival
Review client referral information regarding medical, behavioral, substance use and mental health documentation; Begin room placement
Onsite Case Management Interventions
Continue collaborative assessment to determine discharge pathway; Submit referral at beginning of stay.
Provides daily phone check-in and support coordination of care among service providers.
Communicate with existing service providers or new resource options to facilitate discharge as soon as possible.
Discharge
Coordinate discharge plan with onsite medical provider and complete written discharge plan with resource information.

Bio-psycho Social Review

Here is an example of the intake document we used to complete a full review. The information we captured assisted with providing services in a whole-person care approach for current discharge planning and future permanent housing planning.

Bio-psycho Social Review

Here is an example of the intake document we used to complete a full review. The information we captured assisted with providing service in a whole-person care approach for current discharge planning and future permanent housing planning.

IQ Patient Bio - RM#

Participant Name:	**Emergency Contact Name:**
HMIS ID:	**Emergency Contact Number:**
Date of Intake:	**Clothing Size:**
Expected D/C Date:	**Dietary Restrictions:**
DOB:	**Medical Insurance:**
Phone Number:	**Current SPA:**
Housing Status:	**Income $:**
HMIS #:	**Income Type:**
CHAMP ID:	**COVID Test:**
	PT Belongings Stored:

1. Known Programs and Providers (Reference HMIS and CHAMP & Consult with DMH)			
Program/Agency	**Date**	**Case Manager Name**	**CM Contact Info**

2. Housing and Homelessness Situation - Last 3 Years					
Name/Location	**Type**	**Start**	**End Date**	**Leaseholder (Y/N)**	**Reason for Leaving**
Ever Evicted from Housing (Y/N?):			Reason:		

2. Case Summary of Clarity Participant Note review (*is there participant information on current housing plan,* strengths, barriers, *etc.? Write "No More History" if participant does not have information*):

Training

32 CRISIS INTERVENTION TRAINING
40 MENTAL HEALTH INTERVENTION
24 CRISIS NEGOTIATIONS BASIC
16 CRISIS NEGOTIATIONS ADV
20 CRISIS NEGOTIATIONS TEAM LEADER
20 TRANSIT MENTAL EVAL. TEAM "TMET"
10 JAIL MENTAL EVALUATION TEAM "JMET"
4 HOMELESS OUTREACH: DMH HOME, CPB/COPS
4 DEPT 95/MENTAL HEALTH COURT
4 UNIT ORDERS
FOD 16-003 + DEPT MPP'S

Training should be provided to all-staff upon entry orientation:

- **Crisis de-escalation:** "De-escalation is a recommended early intervention for managing aggression in order to prevent escalation to the crisis phase" *(See Bibliography - Online Publications - De-escalation techniques for managing non-psychosis induced aggression in adults; Internal Documents - Managing the Agitated Patient_Flowchart; Mental Health Emergency Flowchart)*
- **Field safety:** "The field safety program serves to promote safe, successful field courses and research trips. It includes guidance on planning, training, incident response, risk assessment, effective communication and common field hazards" *(See Field Safety related programs at https://ehs.ucr.edu/")*
- **Motivational interviewing:** "Motivational interviewing is a collaborative conversation to strengthen a person's own motivation for and commitment to change" *(See https://www.umassmed.edu/cipc/continuing-education/MotivationalInterviewing/")*
- **Harm Reduction:** "Refers to interventions aimed to reduce the negative effects of human behaviors without necessarily extinguishing the problematic health behaviors completely" *(See Bibliography - Internal Documents - various titles beginning with Harm Reduction_....)*
- **Coordinated Entry System 101:** "The coordinated entry system is a Countywide system that brings together new and existing programs and resources in order to connect people experiencing homelessness to the most appropriate housing placement and services to end homelessness (*see https://www.lahsa.org/ces/*)
- **Homeless Management Information System (HMIS):** A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness *(https://www.hudexchange.info/")*
- **Domestic Violence Training:** Domestic violence training teaches the warning signs of abuse that can help staff members better recognize and offer aid.
- **Human Trafficking Training:** Provides a foundation for individuals to recognize the indicators of human trafficking and learn how to appropriately respond.
- **Child/Older Adults Mandated Reporting Training:** Provides training on how to identify and officially report child or older adult abuse and neglect.

Staffing

At a minimum, staffing for Case Management should consist of (2) teams: Clinical Case Managers and Resident Aides with (2) staff members per team. A crisis involving a high acuity client experiencing mental health or behavioral health concerns should have a minimum of 2-people responding. Ultimately, we found it beneficial to staff 24/7 to support any de-escalation efforts, as well as ease any patient anxiety regarding discharge location.

Site Coordinator

Provides onsite management and over site of the Case Management team and program components, which may include supervision, skill development and training of staff. Site Coordinator acts as a liasion bewteen the Clinical team, DMH Team, Site management team and onsite partners to ensure effective coordination of services and client care. Site Coordination will provide crisis intervention, de-escalation, conflict resolution, and safety interventions when intervention by Clinical Case Manager and Case Manager have not been successful.

Clinical Case Manager (x2)

Completes the initial intake into the site, which includes reviewing program goals, expectations, and onsite resources, as well as completing intake documentation in HMIS. Case Manager provides a biopsychosocial assessment which will assess housing and homeless history, CES status and current and past mental health behaviors and any risk/protective factors that will support their stay and exit. Case manager will immediately develop and execute a plan for discharge planning at the beginning of intake.

If needed, case manager will connect client to an insurance provider, primary care physician, and dental services.

Resident Aide (x2)

Resident Aide will assess for and deliver basic needs items to client rooms throughout the day to ensure a client will stay during quarantine. Items will include food, beverages, harm reduction supplies, clothing, hygiene supplies and stress management activities. Resident Aides will also coordinate and schedule transportation out of quarantine and isolation site.

Discharge Planning

- We advise case managers to start discharge planning upon intake to determine whether the client has simple or complex needs. Overall, client needs will determine discharge type and location. (*See Bibliography - Internal Documents - Discharge flowchart)*
  - » By starting discharge planning at the start of intake, we were able to connect clients to community resources, which included benefits, medical and dental insurance, primary care physicians, food, clothing, employment programs, gang rehabilitation, re-entry programs and legal services.

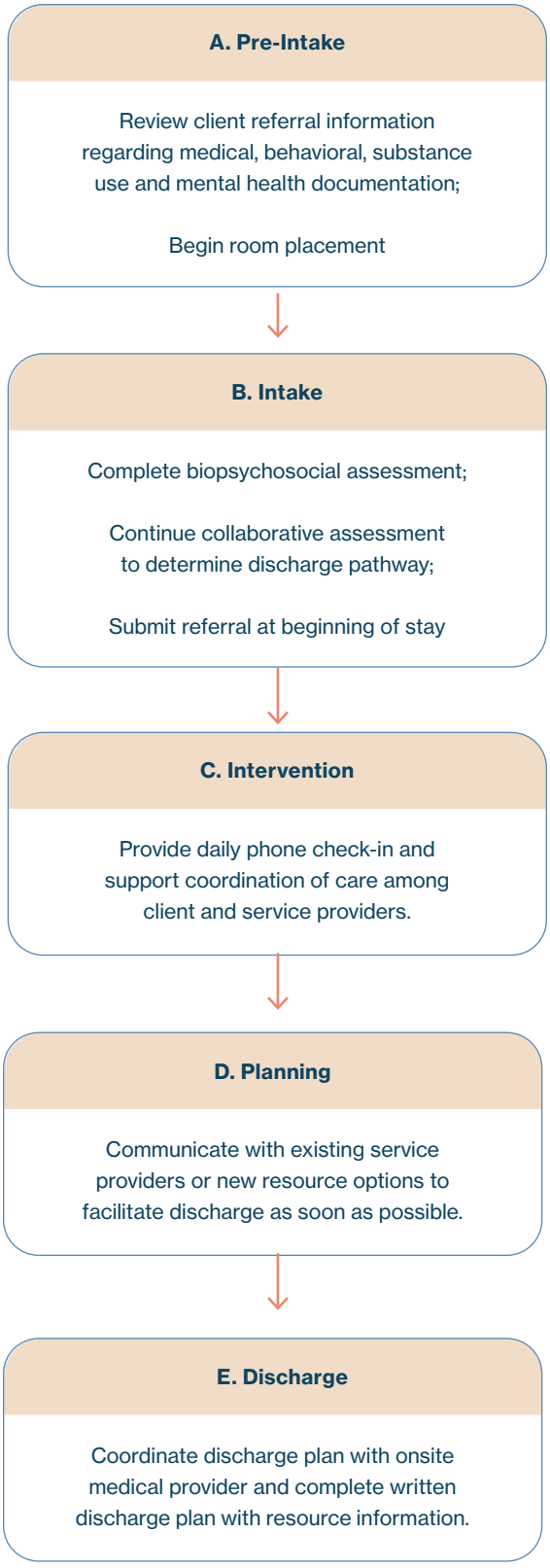
- If there is an immediate option and/or pending permanent housing placement from another program, placing clients in permanent housing is always preferred.
  - » Depending on onsite room availability, client discharge date may be reviewed and extended by Clinical staff to ensure a safe discharge location.

- We recommend partnering with community agencies to create prioritization system for any Interim Housing Programs (IHP), Higher Level of Care and SUD Treatment referrals that are coming from Q/I programs.
  - » In response to the COVID-19 pandemic, shelters across LA County began downsizing bed capacity to prevent large outbreaks. This created extremely limited options for discharge locations.

- Use problem-solving to help identify friends or family that may be willing to provide housing

- A client may choose to discharge to the street for various reasons. We recommend providing a list of community resources and reaching out to an outreach team to continue community re-entry endeavors.

Case Management staff will use motivational interviewing and problem-solving interventions to assist with harm reduction interventions, crisis intervention, and de-escalation efforts with clients to increase safety.


A. Pre-Intake
Review client referral information regarding medical, behavioral, substance use and mental health documentation;
Begin room placement
B. Intake
Complete biopsychosocial assessment;
Continue collaborative assessment to determine discharge pathway;
Submit referral at beginning of stay
C. Intervention
Provide daily phone check-in and support coordination of care among client and service providers.
D. Planning
Communicate with existing service providers or new resource options to facilitate discharge as soon as possible.
E. Discharge
Coordinate discharge plan with onsite medical provider and complete written discharge plan with resource information.

Discharge Process

1. Assess Immediate Needs

A. Food, Water, Shelter, Safety

2. Conduct a comprehensive biopsychosocial assessment

3. Provide discharge planning

A. Connecting client to offsite services

i. Mental Health Support
ii. Substance Use Disorder Programs
iii. Harm Reduction Programs (i.e. clean needle exchange)
iv. Domestic Violence Services
v. Family Service Centers
vi. ID and/or Birth Certificate Affidavits
vii. Information for immediate needs (Location for hot meals, food pantries, clothing distribution, mobile shower clinics)

B. Establishing an appropriate discharge location

i. Interim Housing Programs
    1. Transitional Housing
    2. Bridge Housing
    3. Walk-In Shelters
ii. SUD Detox and/or Treatment Program
iii. Higher Level of Care
    1. Skilled Nursing Facility
    2. Assisted Living Facility
    3. Board and Care
    4. Locked Facility
iv. Permanent Supportive Housing
v. Permanent Housing

4. Provide transportation to client's discharge location

B. Clients in Residence - Guidelines

Automobiles – We had many clients who arrived in their own vehicles. We had almost no instances of anything larger than a pickup truck, which was fortunate, as parking was often limited at our Q/I sites.

- **Access -** Clients were required to have a security guard accompany them to retrieve anything from their vehicle, however, in motel type sites, where the vehicle was parked directly outside the client's room, it could be difficult to enforce this requirement.
- **Search -** We did not search vehicles upon intake

Behavior by Clients

Erratic Behavior

We admitted high acuity clients who required QI- however, our intake process was designed to limit our census to people who could generally control their own behavior, particularly with experienced Case Management and clinical guidance. We used the Trauma Informed Care and Harm Reduction models to help clients control their behavior and found it to be largely adequate. We recommend you have clear guidelines for cases where staff or residents may be put at risk.

Smoking

- **Hotel Settings –** Clients could not smoke in their rooms. Preset smoke breaks by group, were scheduled morning and afternoon. For heavy smokers, this presented serious issues and in a significant number of cases, led to them leaving the site Against Medical Advice (AMA).
- **Motel Settings –** Clients could sit outside their entry door at any time and smoke.

Visitors

Clients were not allowed visitors under any circumstances. We did have both commercial (take-out food) and private deliveries for clients from time to time, which were treated with standard intake procedures. All packages were subject to search for contraband by our security staff, usually with a case manager or clinical staff person as witness.

Leaving the Site

Except for prearranged outside appointments, e.g., dialysis pre-natal care, and parole officers, clients were not allowed to leave the site

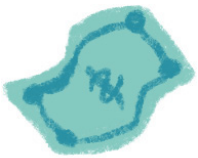
Although we told clients that if they left AMA they would not be allowed back on the property, we generally held their room for at least 24 hours in case they returned. We would only do this once. If they left AMA a 2nd time, they were unable to return.

Moving about the Site

- **Hotel settings –** except for preset group smoke/fresh air breaks, clients were to remain in their room
- **Motel Settings –** Clients could sit outside their room entry door (we provided folding chairs) at any time. They were not allowed to move more than a few feet away from that area.

Interacting with Other Clients

- **Hotel Settings –** Except for prescheduled smoke/fresh air breaks outdoors, there was no opportunity for neighboring clients to interact, as they were not allowed out of their rooms.
- **Motel Settings –** Where neighboring clients had a mutual interest, they could chat from outside their respective room entry doors, as long as they did not disturb clients in other rooms, e.g., no shouting across the parking lot.



Cash

A client did not need cash during their Q/I stay and our staff was not allowed to handle cash for any reason. When clients ordered take-out meals for delivery to the site, they needed to pay through another means.

Contraband

We have included some detail on our approach to contraband, including potential weapons and illegal drugs, later in this document. In brief, at intake we confiscated anything that could be used as a weapon and any illegal drugs. Items that were not clearly weapons were returned to the client upon discharge, e.g., screw drivers. Illegal drugs were turned over to the police, along with obvious weapons.

Internet

Network access was available for all staff and clients. When a child needed a computer to access the internet for school, we provided loaner tablets.

Phone Calls

Clients were welcome to use their own mobile phones or we could provide them with an inexpensive mobile phone for the duration of their stay.

Purchases of Specialty Items

In some cases (<2%) clients would need an item that we did not keep on hand, e.g., a particular over the counter medication or medical item; clothes for kids; unusual foods; prescriptions filled by our staff providers; etc. We did our best to accommodate the need, to assist the client in completing their full Q/I stay. As long as it was reasonable, we took care of it and we had a line item in the budget to handle this type of purchase. All medical requests were reviewed by the clinical lead and all non-medical requests were reviewed by the senior Site Manager on duty.

Rooms – Maintaining in Good Order

General
most clients kept their rooms in order. However, you should be prepared for the small percentage who will trash their space and in rare cases cause significant damage, e.g., holes in the wall, broken TV's, stained/torn mattresses, etc.

Furnishings Provided
we left the rooms as we found them when taking over the facility, including mirrors, wall art, and table lamps.

Equipment
- Do have a backup stock of TV's, refrigerators, and microwaves on-hand to avoid delays in replacing and bringing a room back online.
- Do have a backup stock of any more unusual items on hand to avoid delays in replacing and bringing a room back online, e.g., specialty shower mechanisms not easily sourced, particularly during the early days of a pandemic.

Maintenance -
You will need a competent maintenance team to keep rooms online, particularly when your census is high. No matter the age or condition of the facility we used, we had regular issues with clogged drains, tripped circuit breakers, broken windows, towel racks and shower curtain poles, etc.

Security Added -
Do add window locks to prevent people from climbing in or out – although we emphasized that no one was being held against their wishes, people with mental health issues can become disoriented and think they are locked in.

Security Reduced -
Do remove entry door interior locks and exterior master key access covers to preclude having to break down a door in the case of a client who is non-responsive.

Floor Covering -
Note that carpet is not the best floor covering for a medical shelter.

Pets

We did our best to accommodate small pets, including cats and dogs. We provided food, water bowls, litter boxes, and leashes as needed. It could be complicated when a pet was noisy and disturbed neighbors, however, it was not common, as our target population generally did not have pets or the pets could stay at home.

Trespassing –

We had a few instances where individuals from off-site climbed a perimeter fence to access a Q/I site. We learned that we needed to have either a security guard with line of site or a digital camera with motion alarm covering all aspects of the property.

C. Clinical

The key to running the clinical operation smoothly involves communication, maintaining an accurate clinical inventory, access to medical record charting and maintaining working equipment. Ultimately, the environment of the Q/I site should be an outpatient care setting, as there are no code carts and no call lights.

Data Capture

Patient Data - Use standard County patient databases as soon as possible. Where you don't have access, use a system that can be easily transitioned. During the surge period, an influx of new staff led to improvised data capture that proved challenging to manage within the County infrastructure (*see Bibliography - Internal Documents - Early Days_ Medical Documentation*)

Inventory Management

Make sure to immediately assign a team member to oversee the clinical inventory and ordering, as some items required a physician's approval.

Janitorial Challenges

Create an appropriate orientation for the janitorial team and provide them with the understanding and tools that allow them to provide quick, efficient service, while feeling supported and safe.

Acuity

- Intakes were limited to less severe levels of illness (*see Bibliography - Internal Documents - Client Acuity*)
- Non-COVID care could create significant stress for staff - Medical staff obligated to treat, e.g., high blood pressure, wound care, mental health problems – "Am I making the right choice?" This can lead to extraordinary stress for staff.

Communication

- We conducted clinical huddles, separate from all-staff huddles, twice a day. This occurred during the change of shift to conduct case conferencing and patient specific information.
- Make sure other departments know that Q/I sites are clinical in nature, such as County IT to ensure clinical site response rates
- Establish a general shift-pass down process to ensure patient care is communicated

Emergency Response

- Have an AED, oxygen tanks, ambulatory bags with one-way valves on hand
- While in operation, conduct drills to ensure that all onsite staff members are aware of the protocol.
- Be aware of infection control guidelines that pertain to CPR

Harm Reduction

- Harm Reduction should be the guiding principle
- Ensure that all staff have comfort and skill managing individuals with active Substance Abuse Disorders or are at risk for withdrawal
- Have a low threshold for going into a room if there is no answer to phone calls or knocks

Intake/Discharge Log

(see Bibliography - Internal Documents - Intake_Discharge Log Example)

Clinical Structure, Roles, and Responsibilities

Medical Director — Medical Shelter Clinical Commander oversees the clinical operations of all County medical shelters and supervises the clinical directors (charge providers/nurses) at each site.

Lead Nurse — Supervises nursing staff, ensures patients receive the treatment and care prescribed by the provider, and acts as a liaison between the nurses staff and onsite departments

Provider — ER, street medicine, hospitalist doctors, Nurse Practitioners (NP), and some Physician Assistants (PA) with experience working with patients with complex behavioral and physical health concerns. Maintains and restores human health through the practice of medicine by reviewing medical history, monitoring COVID-19 symptoms, diagnose illnesses or injuries, administer treatment, and provide education on their well-being

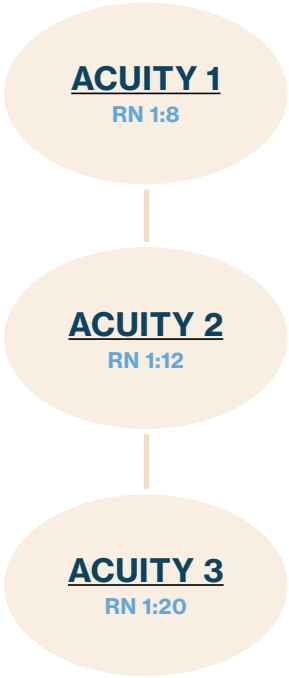
Charge Nurse — BSN or RN with ER or critical care backgrounds. Oversees patient care and responsible for the smooth and efficient patient flow within the site. The Charge Nurse will delegate tasks to clinical staff and provides supervision.

Floor Nurse — BSN, RN or LVN. Responsible for administering medications and treatments, monitoring patients' health, operating medical equipment and educating patients how to manage an illness.

COVID-19 Tech — BSN, RN or LVN. Responsible for administering medications and treatments, monitoring patients' health, operating medical equipment and educating patients how to manage an illness.

Staffing Ratios

Tier 1 patients recieved daily visits from providers. Acuity levels were fluid and were based on patient needs.



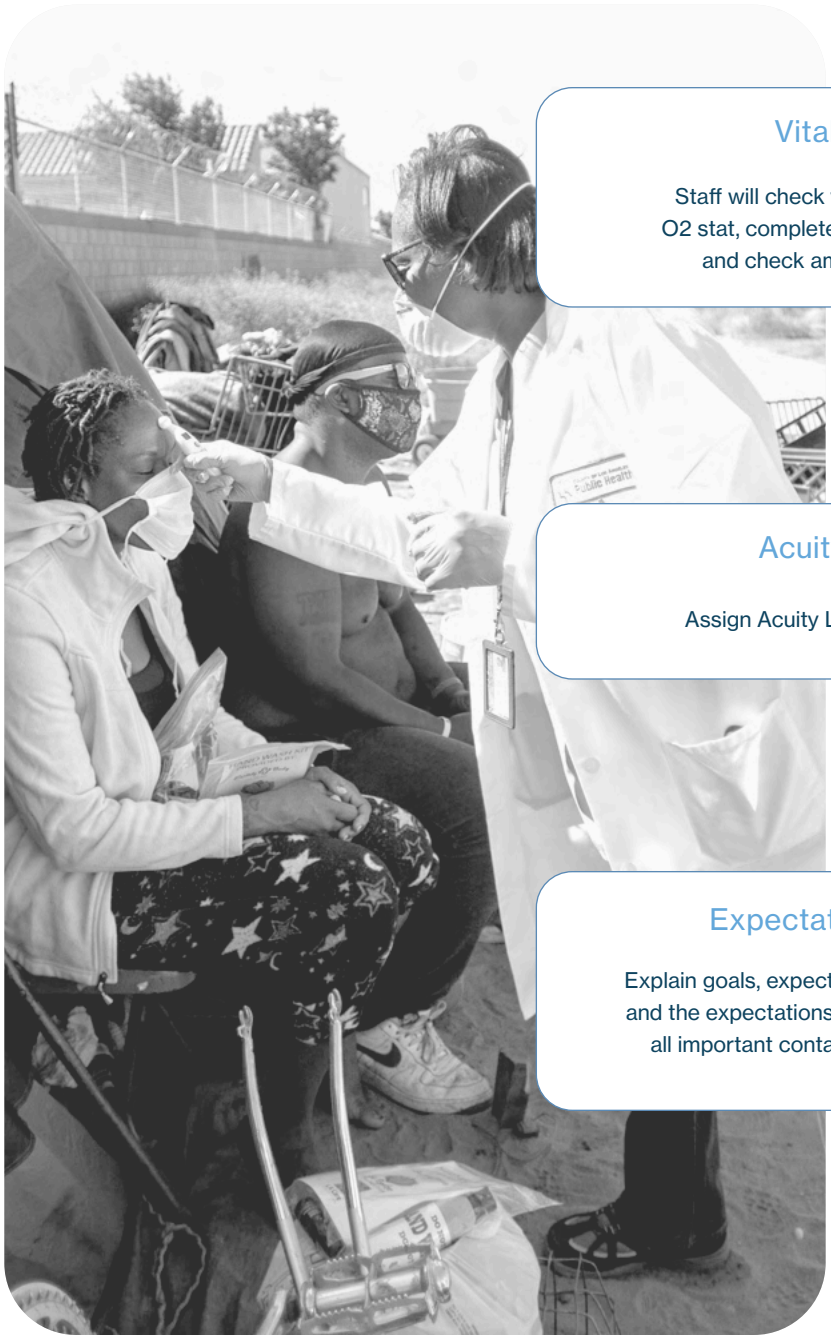
Staffing

The sites were staffed according to client census, and only staffed a few days in advance. This method required a large time commitment of looking and re-evaluating the scheduling based on the numbers and creating new staffing daily. Providing a set monthly schedule led to less oversight by the scheduling team (*see Bibliography - Internal Documents - various titles beginning with "Clinical_Job Description_..."*)

» We staffed to the census instead of block scheduling to avoid the chances of an overabundance of unused resources and a poor patient-to-nurse ratio

Intake Process

The medical provider, floor nurse, and COVID-19 tech will work in conjuction with a case manager and security guard to complete the intake.



Approve/Deny

The provider will assess and determine if the patient is stable. If not, the patient will be sent back to the hospital.

Vitals

Staff will check vitals, check O2 stat, complete a brief exam and check ambulatory.

Acuity

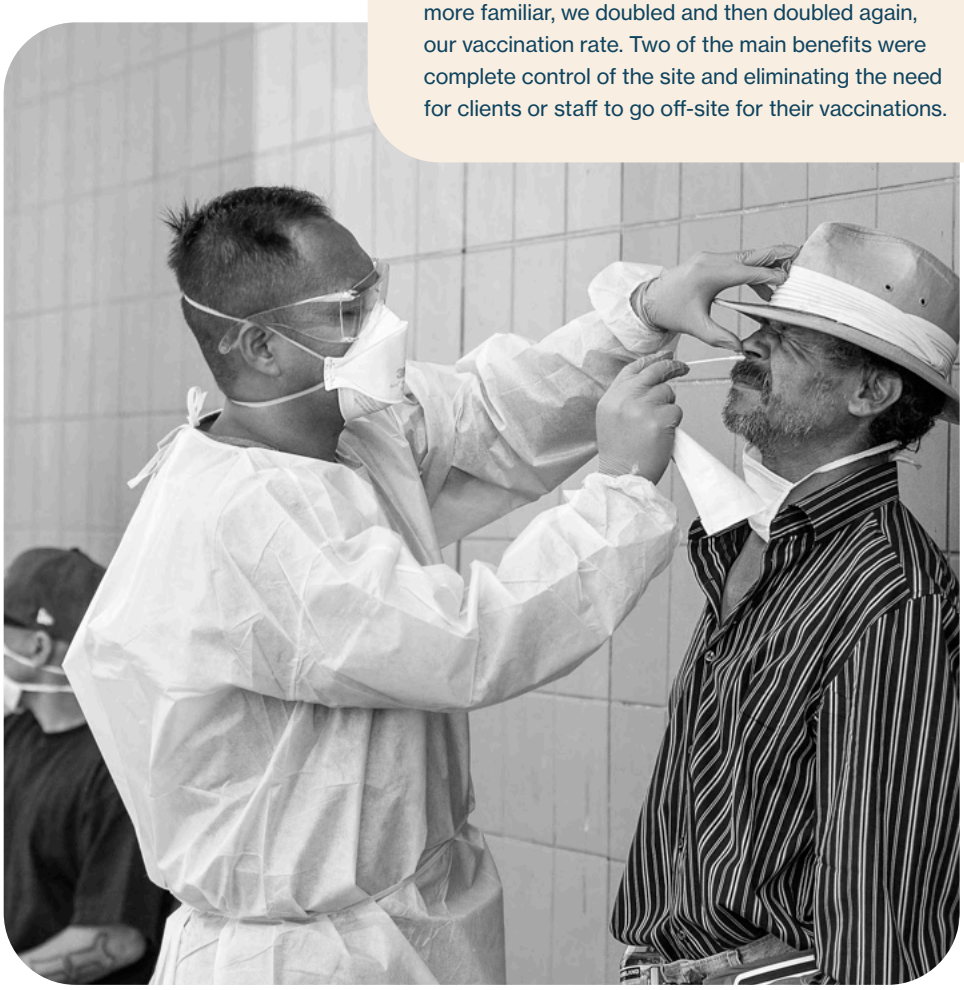
Assign Acuity Level: 1, 2, 3

Expectations

Explain goals, expectations for patient and the expectations for staff. Provide all important contact information.

Vaccine On-site Clinic

Several times during the course of the pandemic, multiple Q/I sites were used for Pop Up Vaccine Clinics for clients and staff (both from the Q/I site and by reservation from any other County facility) to provide easy access for both groups. Initially, the clinics were not well coordinated and were inefficient (low number of vaccinations/hour). However, as we became more familiar, we doubled and then doubled again, our vaccination rate. Two of the main benefits were complete control of the site and eliminating the need for clients or staff to go off-site for their vaccinations.



Dr. Absalon Galat, of DHS Ambulatory Network-Northeast Valley Health, administers a nasal COVID-19 test for Polanco Alvarez during an outreach effort to make test available to the homeless community, April 30, 2020. Los Angeles County's Housing for Health enlisted the help of LA Family Housing, Northeast Valley Clinic, and LAHSA's HET team to ensure COVID-19 testing is available to people experiencing homelessness near the homeless community where two positive cases were confirmed. The individuals who were identified as having exposure to the virus or symptomatic were transported by DMH's HOME Team to a medical shelter to isolate safely and prevent the spread of COVID-19. (Photo Courtesy / Los Angeles County)

D. Clinical Referral Team

Clinical Referral Process

01

Patient recieves a COVID-19 Positive result and does not have a safe place to isolate.

02

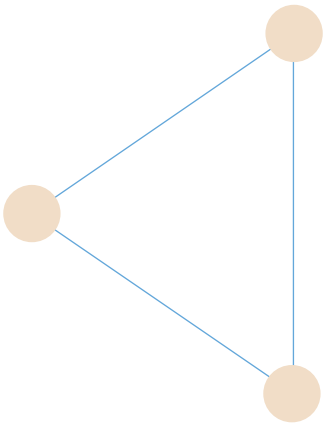
Department of Public Health receives a call and completes referral to Q/I Site

03

Onsite Q/I Referral Nurse works in partnership with provider to approve or deny referral.

04

Provider completes assessment from ambulance to determine if patient condition has changed. If there has been a decline, provider will deny Intake and send patient to the hospital



The Clinical Referral Team consisted of a collaborative relationship between nurses from the Department of Public Health Call Center, the Q/I triage nurse and the Q/I provider. The patient can be referred from an interim housing location, bridge housing location, permanent housing location, outreach team, drug rehabilitation facility, jail, clinics, hospitals, home health care, school health services or as a self-referral (*see Bibliography - Internal Documents - QI Room-Bed Referral Team Guide; QI Client Referral Team Quick Placement Sheet; and Referral Team_Covid Algorithm*)

General

Q/I Triage Nurse will collect the following patient information:

- Severity of symptoms from COVID-19
- Severity of symptoms from other medical conditions
- Active SUD Concerns
- Active Mental Health Concerns
- Active Behavioral Health Concerns
- Cognitive Issues
- ADL Independence
- ADL Needs

Q/I Triage Nurse may need to ask for further medical information from the referring party if the referral was not properly completed or had questionable information.

- The information received by DPH was self-reported by the patient. Upon arrival, provider may discover that the patient did not disclose crucial information.
- Referrals did not always include sex offender information. Q/I Triage Nurse began screening through Megan's Law to avoid onsite issues.

E. Communication

Good communication was a key part of being successful during the surge. Here are the various forms of communication that we implemented:

Formal Communication - 15 Minute Huddles

Hold 15-minute daily meetings to cover important general information and share key changes in the workplace that have not been codified yet. We established a huddle for each change of shift to involve largest possible group of staff. There are several reasons to use the huddle approach for a meeting, including brevity, social distancing in pandemic conditions, accommodating large groups, bringing multiple teams together, efficient transfer of information on a regular or ad hoc basis.

An effective huddle entails normal meeting skills, as-well-as the ability to streamline relationships and tasks *(see Bibliography - Internal Documents - Team Huddle Checklist)*. For any questions that require a longer response, **we recommend taking the conversation offline**

A. Anything that is important beyond the immediate work period must be captured in whatever electronic system you use for data/information capture/dissemination - we used MS Teams

B. All individual projects require a single point of contact to avoid duplication of effort, wasted time and money, and proper follow-through. During the most difficult times in a pandemic response, it will be helpful for key team leaders to meet quickly one or more times every shift, as the situation will change quickly and sometimes with major implications.

C. Preferred attendance at each huddle:

- Clinical command - declare shift's goals/concerns
- Care management lead and available team members
- Mental Health lead and available team members
- Security lead and available team members
- Site management lead and available team members

D. The following items are important to discuss:

- New admissions/ pending admissions
- Review of current census and interval patient events
- Review concerning patients
- Pending discharges
- Review roles/responsibilities
- New policies or directives
- Systems issues
- Communication breakdowns
- Safety/Security Concerns
- Issues with bringing rooms back online post-discharge

E. Communication (Continued)

Formal Communication - All Hands Meetings

Hold an all-team meeting after first 4 weeks of operation and again after 2 - 3 months to allow any tensions, concerns, unresolved issues to be discussed in depth and resolved – this proved very helpful at several of our Q/I sites

- 1-2 hours; facilitated with white board capture and handouts as needed
- Opportunity to bring up inter-team issues that may otherwise fester
- Opportunity for senior team to get an idea of what is and isn't working
- Opportunity for everyone to be heard, as opposed to Huddles which are much more about updates and quick situation reports
- Opportunity to raise issues that have been reported but not discussed/resolved
- Requires senior team leader's respect and support to be effective
- Good time to celebrate wins, acknowledge losses and reinforce/clarify principles
- Opportunity to define who handles what aspect of an onsite client death (*see Bibliography - Internal Documents - Client Death_Guidelines*)

Informal Communication

Key Leaders – During the most difficult times in a pandemic response, it will be helpful for key team leaders to meet quickly one or more times every shift, as the situation will change quickly and sometimes with major implications.

Team Meetings – Different teams will meet for different reasons and different times. However, teams that do not meet regularly will find that poor work and IPC habits may increase, and team cohesion may decrease. The spacing of meetings will be context dependent, but do not let the pressure of the moment prevent scheduling meetings appropriately.

F. Data Management

Medical Records

Electronic – Be aware that significant challenges can arise with the mass hiring of new staff who will need to navigate the County infrastructure. It is very important for the relevant IT department to assign a single point of contact for Q/I sites to assist in connecting with appropriate IT resources quickly and effectively.

Hard Copy Items – In the rush of the early weeks and even months (if the situation continues to get worse) of the pandemic response, many standard practices will be forgotten or only partially followed. To avoid serious difficulties later, put paper record controls in place immediately. Ensure basic standards are set by lead staff connected to the County and train people accordingly. For example, it could be as simple as filing all client paper records alphabetically in cardboard file boxes; creating a spreadsheet with a line for each client, with basic information that all county hospitals and/or accounting teams may need in the future; and storing the file boxes in a locked space.

General Electronic File Management

for Multiple Q/I Sites

Setup a file folder structure with basic templates that may be needed whenever a new site opens. This can then be easily duplicated as the need arises.

Build out your file structure and add any templates needed for operations, management, etc. Once these folders are composed, "duplicate" the main folder to automatically replicate each folder and file within it. Rename the folders and files as needed. This will ensure that continuity, accessibility, and consistency can be maintained during the critical crisis days when everything happens and is needed simultaneously (*see Bibliography - Internal Documents - Electronic File Structure for QI Sites – Example*).

Tools Used

Microsoft Suite

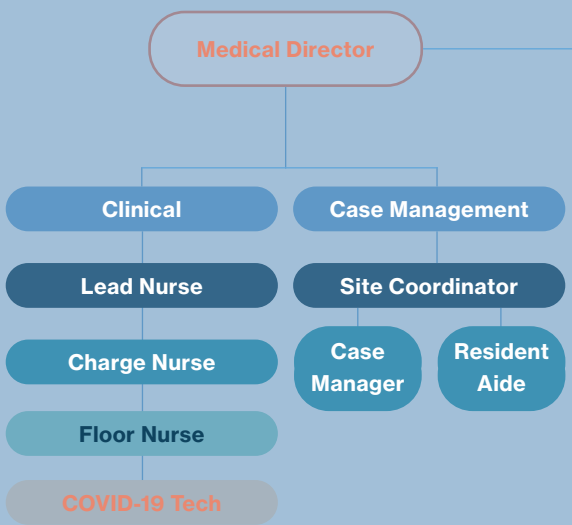
Microsoft provided an encompassing system of tools for all functions: Excel, Word, Outlook, Teams, Video Chat, Calendar, SharePoint, Forms & OneDrive.

SharePoint

This platform is the one utilized across the County, which provided more continuity and collaboration potential along with greater oversight. The challenge to this system lay within the onboarding process with contractors and outside agency partners that needed to utilize the documents and trackers but didn't have access due to not having a County email address- this has the potential to delay or derail the functionality necessary to maintain general operations and workflows.

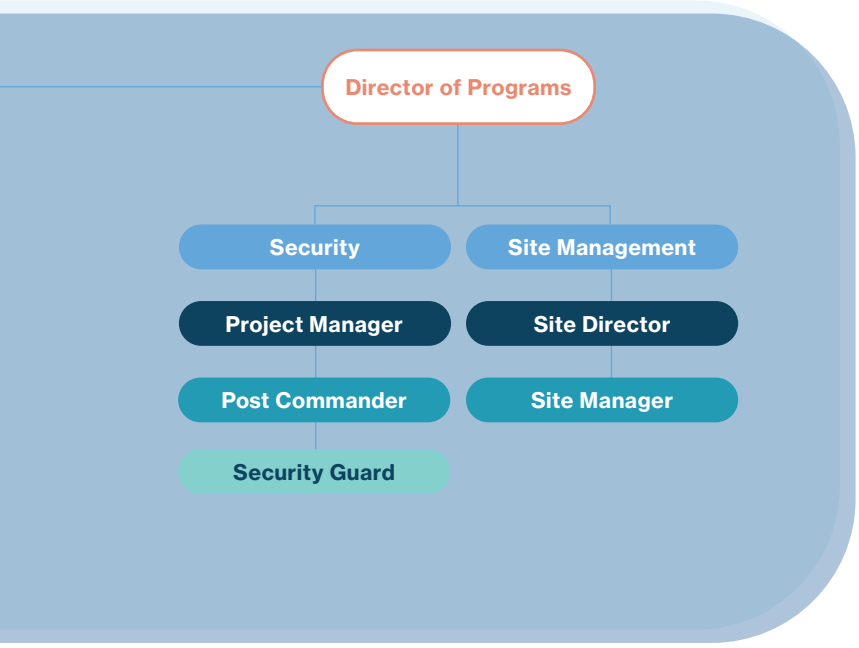
Microsoft Teams

Each facility was given a "Team" with relevant forms, templates & files added, and all team members given access to utilize. A "Site Tracker" team was also created to give the greater Data Management team access to the Room Trackers, maintained by each facility with their census and room availability.


Medical Director
Clinical
Case Management
Lead Nurse
Site Coordinator
Charge Nurse
Case Manager
Resident Aide
Floor Nurse
COVID-19 Tech

G. Governance

- Establish clear leadership and responsibilities for both clinical and site management teams; in the press of an emergency, it is easy to lose sight of who should be doing what.
- Be clear on the division of labor between clinical and site management, e.g., who has responsibility for submitting required non-clinical daily data reports (occupied rooms, number of occupants, etc.) and ordering/maintaining an inventory of all supplies including over the counter (OTC) medications/completing daily logs
- Make sure there is a clear chain of command and that it is well communicated.
    - Which team/individual leads:
        - Overall program/site lead
        - Team lead
        - Shift lead
- Make sure all activities are placed clearly under one team's area of responsibility and the boundaries are clear.



H. Finance

Financial Officer

Don't let financial considerations interfere with clinical and operational needs, however, do allow finance to assist in more effective use of resources. As soon as possible, add a financial officer to the team to save money, while providing the same quality, timeliness and effectiveness for on-going operations.

Contract Cancellation Clause

Initial contracts may not receive a full review in the initial rush; include a clause allowing easy termination in the clause in the event that better service and/or lower cost is available later.

Record Keeping

Although the initial phase of the response may be hectic, know that at some point records will be required to support all expenses. Don't wait to put the proper procedures and controls in place.

Fiduciary Responsibility

Financial/HR Role

- Expense records
- Purchasing Staffing – Non-registry; non-County

I. Mental Health

The Department of Mental Health (DMH) team plays a key role in providing mental health support, linkage to mental health services and crisis de-escalation. The DMH team consists of LMFT Clinicians, LCSW Clinicians and Psychiatric Mobile Response Team (PMRT) Registered Nurses conducting face-to-face interaction, treatment linkages, support in discharge planning and support in crisis evaluation to determine need for an application for a psychiatric hold. LMFT and/or LCSW Clinicians may conduct onsite appointments with patients that are interested in therapy sessions, while providing linkage and scheduling to offsite mental health providers.

General

- Place workspaces near Clinical team and Case Management team to ensure communication regarding patient's mental health and behavioral health is properly communicated

- Create a master list of mental health resources that are readily available to ensure patients are being connected with psychiatric and therapeutic appointments in a timely manner
  - At the beginning of the COVID-19 pandemic, many facilities which offered mental health services were closed or only working from home. Some clients were placed on extended waitlists for services, though had an immediate need for extra support

- Attempting to create structure with clients in a short amount of time is not effective; instead we strived to "be where the client is" by intentionally listening to understand their values, needs, desires, and trauma-responses, while bridging the gap between our own expectations and where the person is coming from
  - Many of our clients were high acuity and had an extensive history of being exited from shelter programs due to trauma or behavioral episodes

Data Management

LA County Department of Mental Health uses the Integrated Behavioral Health Information System (IBHIS) to document, collect and coordinate care for patients using behavioral health services.

- IBHIS will show mental health clinical records, which includes Treatment Plans, Assessments, Progress Notes and Clinical Correspondence

We were able to utilize the information on IBHIS to screen clients before their arrival, which left ample time to either deny the referral or create a behavioral plan before arrival.

While this information database created an advantage, it was also limited to LA County. If a client arrived with mental history from another state, information was not accessible.

Emergency Response

- Create an emergency response plan and onsite emergency response team for any client experiencing a mental health or behavioral health episode that involves danger to self or danger to others.

- If possible, staff a licensed clinician that can perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others
  - If a licensed clinician with involuntary hold certification is not available to staff the overall operation, establish a connection with your local Psychiatric Emergency Response Team.

Staffing

- Staffing for mental health support should consist of (1) clinician per shift with a certification to place clients on an involuntary psychiatric hold. We found it beneficial to staff 24/7 to support de-escalation attempts, resource finding and service connection.

- If possible, scout for clinicians that have an extensive amount of experience working with individuals experiencing high-acute mental health and behavioral concerns.
  - From our experience, clinicians that have extended resource linkages had more discharge options and had the ability to book therapy and/or psychiatry appointments more easily.

Training

- Training should be provided weekly to ensure Clinicians are developing their skills in client rapport, empathy, active listening, record keeping, healthy professional boundaries and strong ethics.

- Training should include crisis de-escalation, field safety, motivational interviewing, Coordinated Entry System 101, IBHIS, HMIS, Domestic Violence, Trafficking and Child/ Older Adults Mandated Reporting Training

Service Connection Process

01. Build Rapport

Clinician meets the client's basic needs by offering food, clothing, or activities. Clinician creates partnership with client.

02. Offer Services

Clinician completes a mental health assessment and asks client if they would like to be connected to Mental Health Services.

03. Service Connection

Clinician connects client to a DMH-connected therapy service and/or psychiatrist.

04. Interim Housing Referral

Clinician connects with Case Management team to complete an Interim Housing Referral to DMH.

J. Site Management

Staff Recruiting

Type of Staff	Pros	Cons
DSW	• Can be brought on board quickly • Large Pool • Diverse Skills & Abilities • Motivated to be of help • Understand complex County system • Know the community	• May not be volunteer • Initial enthusiasm can wane if program continues over a long period • Home department has the right to pull them back as needed • May not be a good fit, as disaster response is a particularly complex job environment
New County Hire	Widest range of skill sets and experience	May be difficult to hire due to County hiring regulations
Subcontractor (Fiduciary Nonprofit Partner Recruits and Hires)	• Can be compensated at a level that increases interest • Can be brought on board relatively quickly if fiduciary partner has appropriate HR capacity and expertise • Widest range of skill sets and experience • Largest pool • Likely most flexible staff member, as the job description can be written accordingly • Can work any time of day and any days in the week • Once you have one or two excellent contractors on the team, they often will know other great potential hires	• Indeterminate length of contract may be non-ideal for employees • May not be familiar with the County system

Reports

Implement Data Management early to provide adequate logs and records that will be required for daily updates, as well as long-term audits

Staffing

Disaster Service Workers (DSW)

- At the beginning of the COVID-19 pandemic response, staff were recruited as Disaster Service Worker (DSW). LA County employees, as a part of their employment agreement, agree to serve in disaster responses. This provides the County with a large pool of people who can respond almost instantaneously to a disaster need.
- As the Q/I response continued and grew, it became apparent that the scale, 24x7 staffing, and skills required outstripped available County human resources. A nonprofit fiduciary partner was contracted to provide
- HR services, including recruiting and hiring subcontractors. This helped significantly in filling needed staff positions and providing a more flexible staff.

Scheduling

(*see Bibliography - Internal Documents - Site Manager Staffing_Shift Duties*)

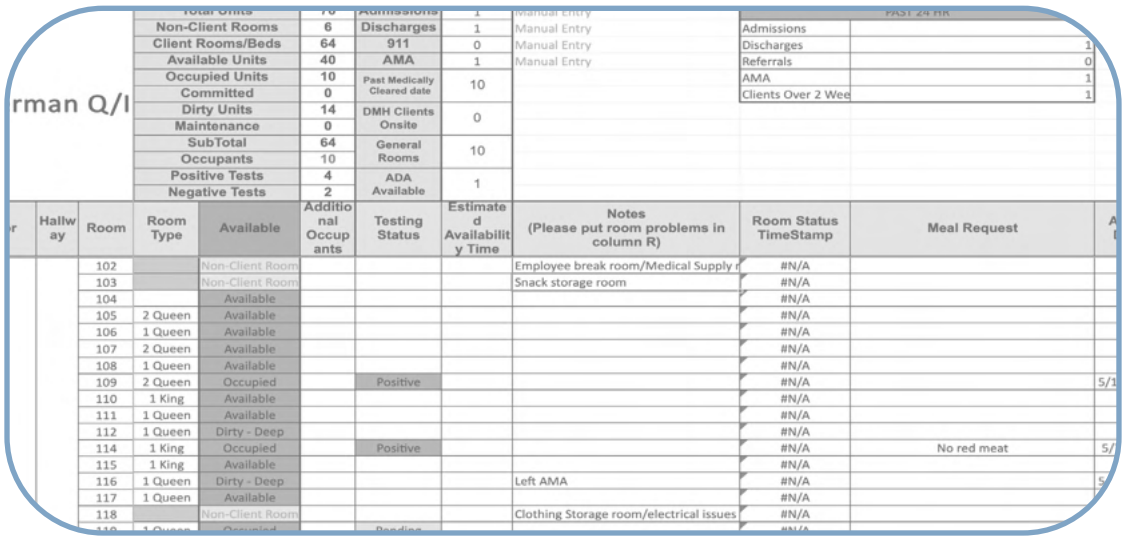
- If short staffed, it is possible to not staff the overnight shift, particularly in a smaller site (< 75 rooms)
- Generally, 3 x 8.5-hour shifts/day with 0.5 hour for a meal break
  - **Alternate Shift Types -** 10 hour shifts over 4 days which provided significant motivation for some staff and allowed productive overlap across 2 shifts
  - **Adjusted Shift Times -** For specific purposes we moved some shifts up or back 1-2 hours, e.g., one Day Shift person coming in and leaving 1 hour earlier to help prepare meals for daily delivery to our clients

Room-Bed Management

- The pressures of room turnaround through maintenance or room cleaning services were a primary focus for site management, particularly during periods of high demand (*see Bibliography - Internal Documents - Room Readiness Checklist*).
- After using a variety of ad hoc methods (paper, whiteboards, Google docs and locally maintained spreadsheets) for facilities condition at each Q/I site, site management worked with DHS – IT to create a centrally maintained Excel workbook, with one or more spreadsheets for each Q/I site (see the Q/I Sites Room-Bed Tracker Example). This provided a range of benefits to each site and to the overall project.
    - County officials could access aggregated overall room condition (Available, Needs Cleaning, Needs Maintenance, Permanently Offline, etc.) and drill down as needed to identify and help resolve issues affecting room usage, e.g., conversations with owner of building to accelerate repairs and/or equipment replacement
    - Clinical Referral Teams could see exactly what rooms were available across the system and at each individual Q/I facility, markedly improving the speed and accuracy of placing clients needing Q/I-housing
    - Site Management Teams could track a wide variety of detail for each room, improving their ability to turn rooms more quickly around that needed cleaning, repair, equipment replacement, or maintenance
    - Site Management Teams could create specialized spreadsheets to aid management of a variety of activities, including individualized catering, room cleaning orders and specialized maintenance needs
    - Clinical and Site Management Teams could more easily compare their unique data on room use and understand how those interactions impact each other's activities

Shift Log

- Collect relevant information for permanent record and for reference by each succeeding shift. Use collaboration software if possible. If conditions prevent using an electronic system, start with a well-organized logbook that can be transitioned to an electronic system.
- Train site managers to use it effectively as the main repository for all site management related information.
- Include shift relevant reports, challenges, resolutions, and needs, as well as a room tracker (includes all relevant information on room status on an Excel spreadsheet – *see Bibliography - Internal Documents - Q/I Sites Room-Bed Tracker Example*)



rman Q/I

Non-Client Rooms	6
Client Rooms/Beds	64
Available Units	40
Occupied Units	10
Committed	0
Dirty Units	14
Maintenance	0
SubTotal	64
Occupants	10
Positive Tests	4
Negative Tests	2

Discharges	1
911	0
AMA	1
Past Medically Cleared date	10
DMH Clients Onsite	0
General Rooms	10
ADA Available	1

Admissions	
Discharges	1
Referrals	0
AMA	1
Clients Over 2 Wee	1

Hallway	Room	Room Type	Available	Additional Occupants	Testing Status	Estimated Availability Time	Notes (Please put room problems in column R)	Room Status TimeStamp	Meal Request
	102		Non-Client Room				Employee break room/Medical Supply r	#N/A	
	103		Non-Client Room				Snack storage room	#N/A	
	104		Available					#N/A	
	105	2 Queen	Available					#N/A	
	106	1 Queen	Available					#N/A	
	107	2 Queen	Available					#N/A	
	108	1 Queen	Available					#N/A	
	109	2 Queen	Occupied		Positive			#N/A	
	110	1 King	Available					#N/A	
	111	1 Queen	Available					#N/A	
	112	1 Queen	Dirty - Deep					#N/A	
	114	1 King	Occupied		Positive			#N/A	No red meat
	115	1 King	Available					#N/A	
	116	1 Queen	Dirty - Deep				Left AMA	#N/A	
	117	1 Queen	Available					#N/A	
	118		Non-Client Room				Clothing Storage room/electrical issues	#N/A	

Room – Bed Tracker Example

J. Site Management

Inventory

- The Site Director is responsible for overall management of inventory.
- Establish a procurement log to track incoming orders (*See Bibliography - Internal Documents - Procurement Tracker*)
- Initiate a basic inventory process for bulk items as soon as possible, to avoid stock outs, overages, accumulation of useless items (that can be given to partners and used) and expiration dates
- All purchases will need to be tracked and recorded to sustain any audit requests. Consider what logs and trackers would be needed: Food, furniture, equipment, medication, supplies, services, vendors, contractors, reimbursements, etc. Consider what recurring procurement needs there may be and what those schedules and billing timelines will look like.
- Empower all site managers to input supply needs on some type of Supply Tracker and establish standards and a clearly defined approval process.
- Hard Copy: Packing Slips, Invoices and Receipts
  - Prepare three ring binders for all paperwork. As soon as possible, work with accounting/finance to determine how these items should be handled day-to-day and over the long-term.

Procurement Tracker

				Monthly Run Rate Per 60 Rooms (Guestimates)	Initial Order Per 60 Rooms (3 Months Supply)	Initial Ord… on Total New R… & 3 Months Supp…
				60	3	120
Acetaminophen (Tyleno				10	30	60
Vicks vapor	10 bottles	10	5	10	30	60
Diphenhydramine/Antih	30 bottles, 100 ct	6 bottles	6 bottles	10	30	60
Alka Selzter (Automatic	25 boxes	15 boxes	15 boxes	20	60	120
Vitamin C	5 bottles	5 bottles	5 bottles	5	15	30
Melatonin	5 bottles	5 bottles	5 bottles	5	15	30
zinc		5 bottles	5 bottles	5	15	30
Vitamin D	5 bottles	5 bottles	5 bottles	5	15	30
Deodorant for Men - De	200	200	400	400	1,200	2,400
Deodorant for Women I	200	200	400	400	1,200	2,400
Tooth brushes	200	200	400	400	1,200	2,400
Tooth paste	400	400	500	500	1,500	3,000
Mouth wash	200 units	Travel size	100 UNITS	200	600	1,200
Lotion	300	300	400	400	1,200	2,400
Conditioner Shampoo	300	300	400	400	1,200	2,400
Women Briefs	100 pcs	50	50	75	225	450
Women Briefs	100 pcs	50	50	75	225	450
Women Briefs	100 pcs	50	50	75	225	450
Women Briefs	100 pcs	50	50	75	225	450
Women Briefs	100 pcs	30	20	50	150	300
Women Briefs	100 pcs	30	20	50	150	300
Men Boxes	100 pcs	50	50	100	300	600

Meal Orders | **Monthly Recurring Orders** | PPE | Services Tracking | SuppliesEquipServices Request | Sysco Orders

Janitorial

- The major difference for us between standard janitorial cleaning and cleaning during the pandemic was a clear understanding of how COVID-19 was transmitted and adjusting cleaning procedures accordingly (*see Bibliography - Internal Documents - Cleaning and Disinfection Matrix*)
- **Cold Zone –** In those areas designated as having a low infection probability, janitorial staff maintained the same level of IPC as all other staff, including relevant PPE and general waste handling. Daily disinfection was an integral part of the janitorial team's work, including all surfaces open to human contact, floors, doors, counter tops, etc.
- **Warm Zone –** In areas that had a higher potential for possible infection, such as rooms and hallways that at times had infected people passing through, janitorial staff were trained to disinfect a wider range of surfaces
- **Hot Zone –** In particular, when cleaning rooms that had been occupied by people suspected or confirmed to be infected, janitorial staff wore full IPC gowns as specified by the CDC, with elastic ankle, wrist cuffs, and integrated hoods, along with N95 masks, face shields and shoe coverings. Janitorial staff were trained in proper donning and doffing and any infringement of proper procedures was subject to immediate censure. Our standard cleaning protocol for client rooms included spraying the entire space as follows:

For COVID-19, three steps were added to a typical hotel/motel room cleaning procedure:

1. Spray all surfaces in the room with a mist of approved disinfectant

2. Let the room sit for a minimum of one hour before entering

3. Bag all linens and biohazard waste in specially marked bags (Cloth bags for linens and red, plastic "biowaste" bags for potentially infected waste), close the bags, and then spray the outside of the bags with disinfectant mist.

The bags were then stored appropriately and removed from the site by vendors. We minimized staff contact with potentially infectious materials.

Over time, it was determined by the CDC that general waste generated by people infected with COVID was not highly hazardous and only PPE continued to be treated as infectious waste. All other trash generated by infected clients was treated as general trash.

Maintenance

- If possible, avoid site managers making repairs
- No matter what condition the facility is in, there will be constant need for repairs, particularly when the census is high. Problems in one room alone can affect multiple neighboring rooms, e.g., water overflow on the floor above can easily leak into several rooms below and bed bugs in one room may migrate to neighboring rooms.
- Facility lease/contract should include maintenance by owner, as they have the knowledge, staff, subcontractor relationships, supply sources, etc. – where this does not exist, it can be a never-ending frustration to handle repairs

Common Issues at all sites:

- **Beds –** permanently soiled mattresses requiring quick replacement
- **Doors –** electronic door key readers; make sure the facility owner trains site management staff in creating new keys and resetting electronic door locks, provides necessary equipment and supplies, such as blank keys, and provides back-up electronic lock mechanisms to avoid long waits for repairs
- **Electrical –** circuit breaker issues (know where they are and which breaker serves which circuit); overloading individual circuits with portable heaters, air conditioners, and air filtration units; loss of county power (we bought a modest generator to support 10 oxygen concentrators in the case of a power outage that depleted our bottled oxygen supply)
- **Equipment –** Failed refrigerators, microwaves, TV's, and TV remotes (we maintained a back-up stock)
- **Plumbing –** clogged drains (we maintained a set of high volume floor fans for drying out a flooded room), failed hot water delivery, failed shower mechanisms (we maintained a stock of replacement parts)
- **Windows, entry doors –** leaks and broken glass

Procurement - Equipment, Materials and Supplies

The procurement of supplies for our QI sites was a coordinated effort between the Fiduciary Intermediary, QI site managers, and DHS/QI administrative staff. All site managers were authorized to enter purchasing requests for any needed facility supplies. The Financial Intermediary provided oversight and co-approval along with the Director of Operations.

The roles and responsibilities are as follows:

Fiscal Intermediary (FI - nonprofit agency under contract with Los Angeles County)
Procurement of supplies and services

Site Managers (SM)
Overall management of supplies and service needs for daily operations, including meal orders (Catering company) and snack orders (National supply company); Entering all supplies and services needs into the Procurement Tracker, including the addition of links on amazon.com to clearly identify the item(s) to be ordered.

DHS Administrative Staff
Approving supplies and service requests on Procurement Tracker; Onboarding and training SMs; Elevation of procurement issues

Client-facing staff often had supply requests that were patient specific items. The fast turnaround of the procurement process assisted with avoiding behavioral escalations from clients and prevented clients from leaving against medical advice. Our requests ranged from clinical supplies to baby cribs to utilize during a client's stay.

Type of Supplies

General Supplies

General Supplies, such as facility equipment, office supplies and client needs should be placed on the Supply Tracker. Above all, any supplies that will support employee needs or keep clients under quarantine should be a priority.

Personal Protective Equipment (PPE) Ordering

The County created a central supply depot for all standard PPE items, including booties, caps, gloves, gowns, sterilizing sprays and liquids, vizors. Depot management kept all clinical sites throughout the County appraised of shortages and upcoming changes in inventory stockpiles. All sites kept the depot informed as to changing burn-rates at their site. Once the system was in place and used by all sites, it worked well for the Q/I team

PPE shortages created the potential for PPE theft if left unsupervised. We stored our bulk PPE in a locked room and during daily work hours, the door was unlocked, and a nurse was assigned to the room to check out any needed supplies. During off-hours, Site Management had the only keys to the PPE room and only certain clinical staff were authorized to request resupply for the floor.

Several nursing staff were made responsible for checking all items and alerting Site Management to any issues about faulty or sham supplies, such as counterfeit N-95 masks.

The following PPE was supplied by the County:

- Gloves
- Surgical masks
- N95 masks
- Face shields
- Gowns
- Disinfectant wipes
- Head covers
- Foot covers
- Hand sanitizers

Clinical Supplies

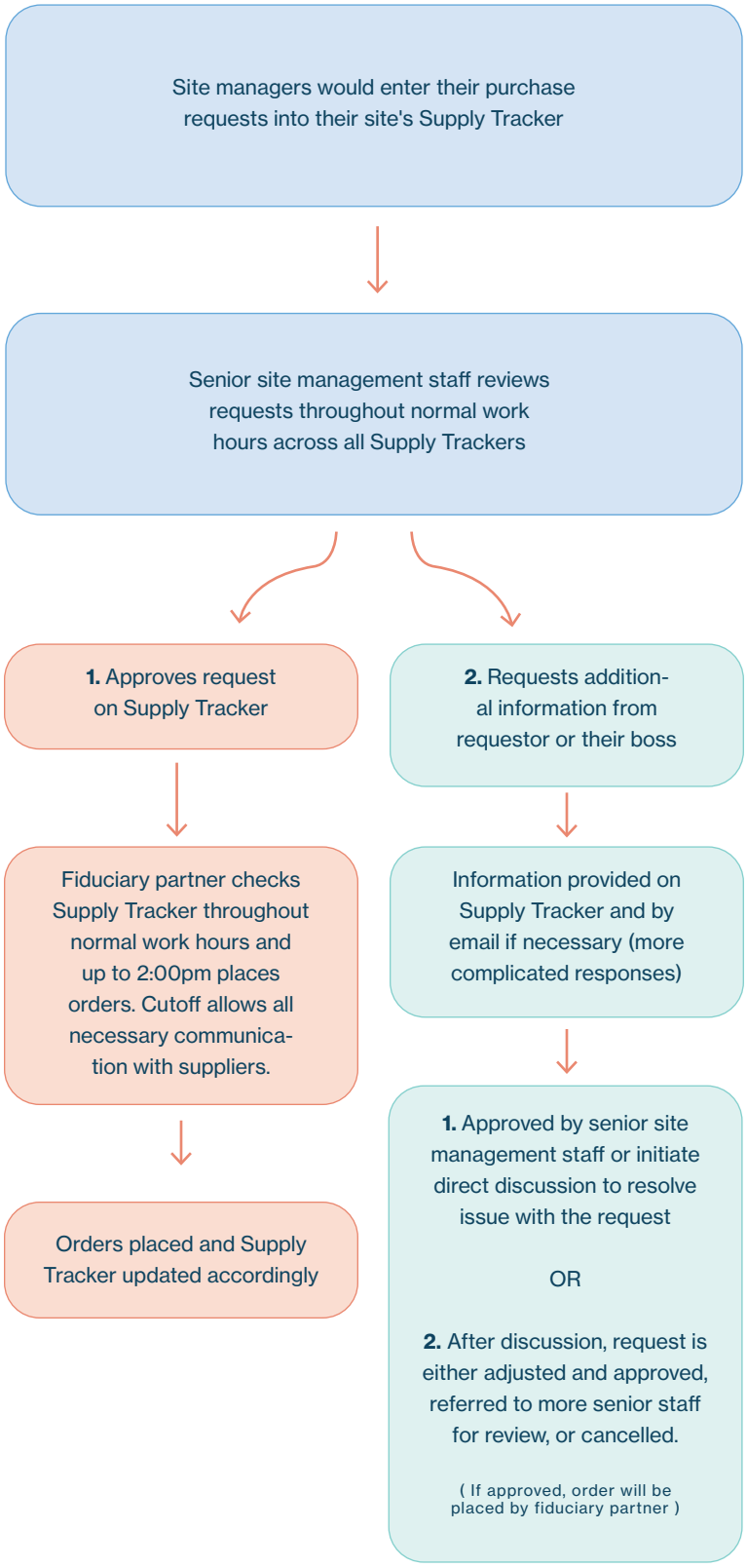
Clinical Supplies (medical equipment, medical supplies, etc.) should be placed on the Supply Tracker. Internal processes between the clinical team and site management team should be established to ensure the communication of supply needs happens.

Harm Reduction or Lifestyle Items (FI)

All harm reduction items, including alcohol, cigarettes, marijuana and edibles were requested, approved, and purchased separately by designated staff from licensed retail outlets. These items were stored in locked cabinets and/or safes, monitored 7x24 by senior clinical staff (cabinets placed close to charge nurse's permanent location). Only designated clinical staff had the keys/combinations to the containers and a paper log with signature column was kept for all inputs/outputs from the inventory.

- Harm reduction items are procured via email
- All harm reduction item invoices were paid using donated, not county, funds.

One-Time Request Flowchart


Site managers would enter their purchase requests into their site's Supply Tracker
Senior site management staff reviews requests throughout normal work hours across all Supply Trackers
1. Approves request on Supply Tracker
Fiduciary partner checks Supply Tracker throughout normal work hours and up to 2:00pm places orders. Cutoff allows all necessary communication with suppliers.
Orders placed and Supply Tracker updated accordingly
2. Requests additional information from requestor or their boss
Information provided on Supply Tracker and by email if necessary (more complicated responses)
1. Approved by senior site management staff or initiate direct discussion to resolve issue with the request
OR
2. After discussion, request is either adjusted and approved, referred to more senior staff for review, or cancelled.
(If approved, order will be placed by fiduciary partner)

Last-Minute Needs

Whenever possible, standard items were purchased on a recurring basis, however, requests for non-standard items will arise regularly from any one of the teams on-site, e.g., a walker for a client with mobility issues; baby food; generic reading glasses; a printer to cover an unexpected and critical need; etc.

Set up a simple, efficient reimbursement system for staff; otherwise, they will be hesitant to use their own funds. If they do not, you face the need of setting up a formal payment system that will work 7x24.

- Upon receiving the purchasing request, determine exactly when the item is needed. Can it be ordered for next day Instacart delivery or regular delivery in a few days, thereby avoiding a site manager leaving their post for an extended period?
- Establish a clear approval process for last minute purchases, to avoid delay or unnecessary purchases – our Site and Operations Directors were authorized to approve special purchases. When not available, e.g., evening and night shifts, the most experienced Site Manager had the authority to approve.
- Generally, last minute needs for routine items should be avoided with proper inventory management processes to avoid stock-outs. In situations where last-minute client needs are unavailable, an Instacart or pick-up order can be arranged.
- To provide a clear record for last minute needs an email was sent asap to the Purchasing lead. The email included the following information:
  - Online link to the item (any vendor will do, this is for reference)
  - Quantity of the item
  - Person picking up the items (for pick-up orders)
  - Phone number of the person picking up the order
  - Note, this is for last-minute needs only.
  - Place an additional order to restock your main inventory.

Repeat Orders

We created a regular system for purchasing *(see Bibliography - Internal Documents - DHS QI Site Procurement Reference Guide)* that covered purchasing for all standard items that needed regular restocking. Each Q/I site had access to a "Supply Tracker" with tabs for various types of purchases:

Catering
We started with a smaller company to provide three ready-to-heat heat meals per client per day. We eventually switched to a large firm that provided hotel and airline catering.

Consumables:
Clothing, over the counter medications, basic office supplies, hygiene items and pet supplies – adjusted to fit current need (*see Bibliography - Internal Documents - Basic Consumable Purchases_Example*)

Services
Record of standard and ad hoc service requests/orders, e.g., linen delivery, outside maintenance, pest control, delivery/pickup days/week

Supplies/inventory Request
For individual items not included in regular deliveries

J. Site Management

Working with a Catering Company

- Maintain some backup refrigeration, in case your main refrigeration fails.
- Have all three meals for the day delivered together (presorted in individual bags) in individual meal microwavable containers. This allows you to deliver the day's meals to clients in one batch and not have to store them in a central refrigerator.
- You will need as much flexibility as possible in terms of changing orders, as a sudden increase or decrease in clients can affect your previous order.
- Avoid leaving food out for self-service, to prevent foodborne disease
- Always order an appropriate number of extra meals to cover unexpected demand, including new intakes, on-site clients who need more food and clients who cannot eat what you first provide. We typically ordered an extra 10% when we were busy and 5% when we were not.
- Have a plan for repurposing extra meals, including making it available to staff to eat on-site, or for staff to take home or to local shelters
- Wherever possible the intake team should determine who needs a special meal and share it immediately with the person(s) ordering the meals. Ideally that information will come with the initial clinical referral before the client arrives at the Q/I site.
- Have all the items you will use for preparing the morning meal delivery on shelves within easy reach of where you layout the individual meal groups, including other perishables (fresh fruit and milk), drinks and snacks that can be delivered at the same time.

Payment

- We depended upon individual site management staff to use their persona credit cards, then to be reimbursed by our fiduciary partner.
- At first, the reimbursement process was awkward and unreliable. Senior staff were willing to work through the frustration and continued to use their cards but junior staff were not willing to wait for extended periods for their reimbursement. Once a clear, efficient reimbursement procedure was in place, an increasing number of staff were willing and able to use their personal cards.
- It would have been ideal if each site had its own credit card. The fiduciary partner was only available during normal Monday-Friday working hours, so during off-hours, even for Instacart orders, site management staff needed to use their personal credit cards.

Snacks & Drinks

A key component of making a client's Q/I stay more comfortable is providing a wide variety of drinks and snacks. Client services provided a phone number that clients could call and request any item on a list provided as part of their "Welcome Pack" (*see Bibliography - Internal Documents - Client Welcome Document*)

It works well to allow a client to place an order throughout the day for snacks, drinks, and harm reduction items, while limiting the number of delivery times.

Delivery

- We depended upon individual site management staff using their personal vehicles if delivery was not readily available. Over time we expanded our use of Instacart, which precluded site managers from leaving the site for pickup and provided a formal financial record.
- Early in the pandemic response, we found it useful to have a full time "transport person," who used their own vehicle and moved smaller amounts of materials quickly around our County-wide system. If they chose, they could be reimbursed at the standard County rate for mileage expense.
- They could also transport pharmacy prescriptions needed at the Q/I sites daily, often starting their day with that pickup/delivery. Their route was controlled by one person to be as efficient as possible.
- They could not carry any passengers, due to liability concerns.
- At the height of the response, we had two transport staff, to cover the full 7-day workweek. As needed, we had them do Q/I site special projects (inventory, data entry, stock movement, etc.) if their day was not fully utilized for transport.
- As the pandemic subsided, we shifted one of the transport staff to site management, as they had developed significant understanding of the overall system through their transport work and required minimal training for that new position.

Catering

- Providing meals for clients is an integral part of running a Q/I site. We provided breakfast, lunch and dinner every day, as well as a range of snacks and drinks that could be ordered at any time and delivered to the client's room 4x/day.
- After various approaches, we found that purchasing microwavable, individually wrapped, fresh meals (breakfast, lunch, and dinner delivered as a set in paper bags for easy delivery to the client) each day was an efficient method for feeding as many as 250 people at one site with a small team. We maintained the microwaves and small hotel refrigerators available in each bedroom, as well as a backup supply of both items to easily replace those that broke. Each site had a large, commercial refrigerator for storing bulk meals and other perishable food, such as fresh fruit and milk.
- In addition, we acquired a variety of wheeled carts, dollies, and pallet jacks to move small to large quantities of material quickly, easily, and safely.
- The meals were set outside the client's room, followed by a phone call to let them know the meals had been delivered. This took place soon after the caterer arrived, or the meals were kept in large refrigerators to maintain freshness until delivered to the rooms.
- Smaller catering companies may not have the capacity to handle large swings in demand, large orders and/or multiple Q/I sites
- Various clinicians may have different ideas of what is an acceptable diet for clients with a variety of clinical conditions. Have the clinical lead stipulate what types of special meals will be required. Your caterer may not be familiar with some of the requirements. Have them meet with the clinical team to review options. Limit the number of options, to avoid unnecessary complexity in ordering.
- Significant financial savings are available by creating a role for fine tuning the quantity of meals ordered per site/per day
- Food is important to help maintain a positive mood at any time; it becomes even more important during a quarantine/isolation situation. Where possible, provide culturally appropriate menus. And work with the catering company to provide a varied menu throughout the week, to provide almost everyone with options they appreciate and to avoid repetition.

J. Site Management

Catering (Continued)

Delivery

The Site Management and Client Services teams work together on distributing meals. A good division of labor has site managers receiving the bulk shipment, setting the meals out in an organized fashion, and putting any extra meals in an on-site refrigerator.

The client services team will take the meals, add client names and/or room numbers and organize them for delivery to the client rooms. When client services are limited, due to a staff shortage, or other responsibilities, it is not uncommon for site management to help prepare the meals for delivery. To minimize the chance of infection, the team will leave the meals outside the client rooms. They will have called the client beforehand to let them know they will knock as the meals are delivered.

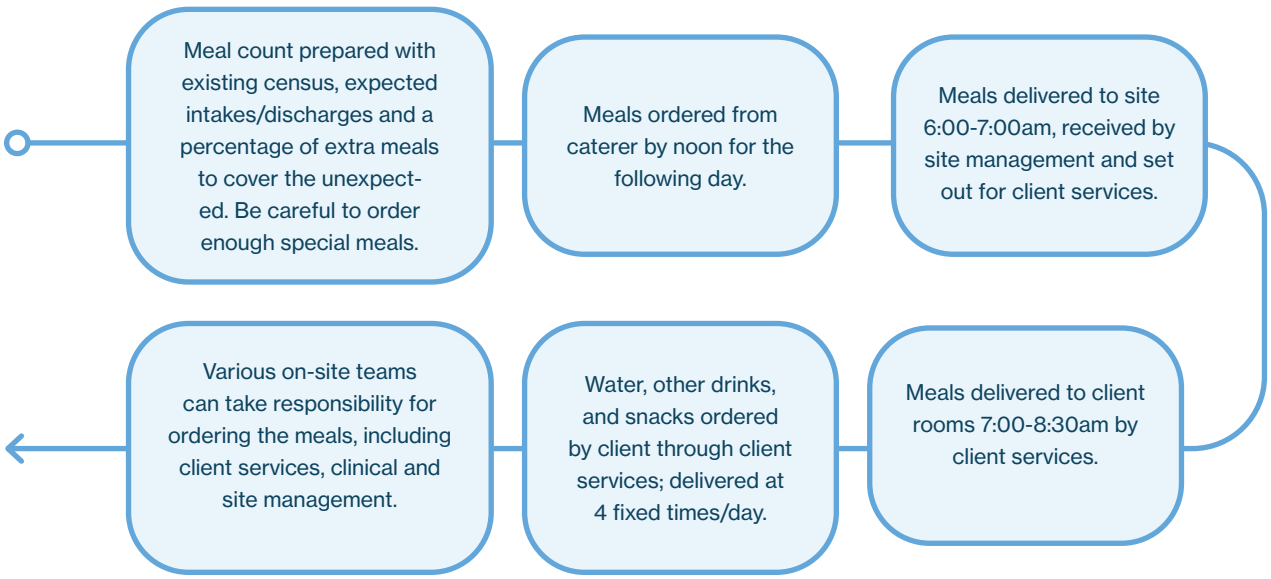
Receiving

Minimize the time that the meals are not refrigerated.

Storing

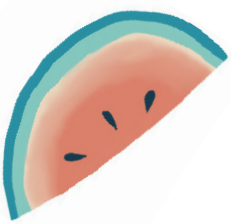
If possible, use commercial refrigerators to store all perishable items, including extra meals from the day's delivery, holdover meals from previous days, fruit, milk, etc. Be careful to monitor the temperature. If commercial refrigerators are not available, purchase several smaller refrigerators for storage. Keep the refrigerator temperature at or below 40° F (4° C). The freezer temperature should be 0° F (-18° C). Check temperatures periodically. (fda.gov - Are You Storing Your Food Safely). Minimize the time that any perishable food is exposed to room temperature. Label all catered meals with preparation date and type of food.

Catering Flowchart


Meal count prepared with existing census, expected intakes/discharges and a percentage of extra meals to cover the unexpected. Be careful to order enough special meals.
Meals ordered from caterer by noon for the following day.
Meals delivered to site 6:00-7:00am, received by site management and set out for client services.
Meals delivered to client rooms 7:00-8:30am by client services.
Water, other drinks, and snacks ordered by client through client services; delivered at 4 fixed times/day.
Various on-site teams can take responsibility for ordering the meals, including client services, clinical and site management.

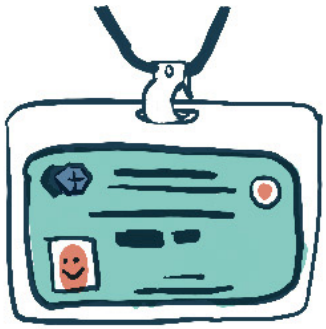
Ordering

- **Who Orders & When -** Different teams can take responsibility for ordering the catered meals for clients. In general, site management is a good default, however, under certain circumstances, the clinical team may be a better choice due to specific dietary needs. Typically, meal orders will be submitted the afternoon before the next morning's delivery. Where possible, work with the catering company to allow changes later in the day. This will be particularly helpful during sudden increases in the client census.
- **Labeling –** Require the catering company to clearly label all individual meals with date/time of preparation and whether it is a "Regular" or "Special/Type" meal. This will help avoid foodborne diseases from leftover meals and help assure the proper meal gets to each client.
- **Backup –** Create a list of local sources for meals, including restaurants (which may or may not be open depending on the risk of infection) and grocery stores. If the catering delivery fails or is short for some reason, you will know where you can get microwavable backup meals.
- **How Much to Order –** Combine the number of clients on-site with expected intakes and discharges, then add 5-10% for the unexpected, including a few extra special meals, as client medical needs may not be clear at intake. Having one person keep a close watch on the number of meals ordered will allow you to minimize meal related issues, including running out, wasting meals, and last minute changes to food orders.
- **What to Order –** Work with the caterer to provide a wide variety of main meals to the clients. Being quarantined/isolated is trying enough and food is something everyone focuses on when under stress. A varied menu is more interesting and more likely to provide suitable meals for the broadest group of people. You will often get additional information about a client's preferred/required diet after the fact and having a varied menu and extra meals will allow you to adjust for that person's needs.
- **Track Your Orders –** Create a simple online spreadsheet that can be accessed by anyone with need to know what has been ordered. This will give you solid data for refining whatever percentage of extra meals you order, to cover unexpected admissions or clients who want extra food (in general, we provided as much food as people wanted, unless there was a medical reason to limit their consumption).



J. Site Management

Security *(see Bibliography - Internal Documents - various titles beginning with "Security_...")*

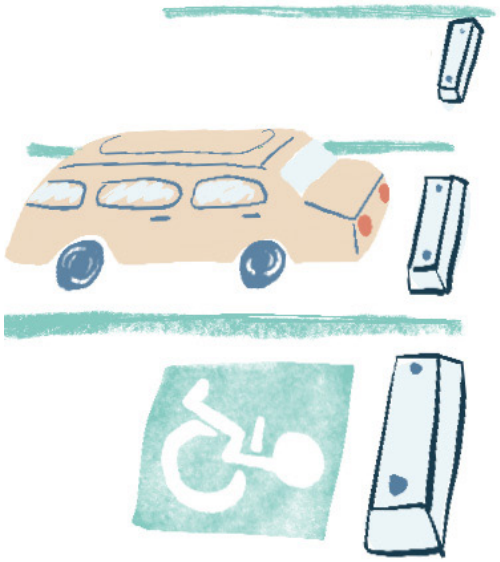


Badges

- All persons admitted into facility must present County issued badge before entering.
- Badges are to be worn onsite so all persons can be easily identified.
- For large sites, where a visitor could be confused with staff, we issued visitor badges for their stay at the site. At all sites, visitors were expected to be accompanied by staff.
- Facility entrance should have security personnel to instruct everyone to sign in and present proper badge or credentials to be permitted into facility

Walkie-Talkies

- Relevant staff should be issued a walkie-talkie to effectively communicate throughout the facility.
- Each team should have a channel on the walkie-talkie. Aside from designated channels all other forms of communication should take place on another available channel or in person. The reason that having different channels is important is to allow each team to communicate about their information without any interreference with other teams. If a specific team needs to be dispatched, then you will change to the proper channel, e.g., Security: Channel 10; Nursing: Channel 16; Site Managers: Channel 15



Parking

- Security checkpoint should be in-front of the facility, where vehicles will enter.
- Checkpoint should consist of driver's checking in with security and informing security personnel their reason for visiting the site.
- Designate parking areas for visitors, employee's, vendors, and emergency vehicles.
- Issue a parking pass for all onsite staff to place on their dash or their rear-view mirror.
- Inform all onsite vehicles that there is a 15 MPH speed limit throughout the parking lot.
- Observe how the parking lot is designed and organize a safe way for vehicles to enter the parking lot without encountering pedestrians.
- Alert outside agencies as needed, e.g., fire, police and make sure to file all necessary reports as soon as possible.

Safety

Safety Protocols

At the beginning of a Q/I operation, it will be difficult to create and consistently apply any number of operational protocols, as the situation will change daily, if not hourly. However, attempt to develop basic protocols to be put into place as soon as possible. Here are few that either helped us from the beginning or proved highly useful once implemented.

Evacuation Procedure

All Q/I sites should maintain a clear evacuation protocol and train all staff in its implementation, with quarterly reviews and simple exercise. Government departments and/or the site itself will have evacuation plans which can be adjusted for the specific Q/I context. This should be a coordinated effort between all on-site teams (*see Bibliography - Internal Documents - Site Protocol - Evacuation Plan*).

IPC – General

- Janitorial and medical tech staff regularly carried out several IPC related tasks as part of their daily routine:
- Maintain well distributed IPC stations, always stocked with appropriate:
  - Gloves
  - Masks
  - Gowns
  - Disinfecting gel and spray

Inspections – Property and Building

- **Awareness –** Site management should make safety awareness a key part of their daily activity. Encourage the janitorial and maintenance teams to report any possible safety or security issue.
- **Hazard Reporting –** Report any hazardous building conditions to maintenance for their attention immediately and follow up to make sure the hazard has been eliminated.
- **IPC –** Have an IPC specialist inspect all aspects of the operations as soon as possible and schedule regular reviews, based on changes in understanding of the target pathogen and operational time. Adjust and hold trainings as needed to address any IPC concerns (*see Bibliography - Internal Documents - IP EP for QIMS_V1*)
- **Periodic –** Once you have been in operation for some period, e.g., 2 – 6 weeks, have another inspection performed by an outside expert to mitigate potentially hazardous situations.

Incident Reporting and Evaluation

- When a safety or security incident occurs, junior staff should alert senior staff as soon as possible. Do not assume something is "minor," as small incidents can become large incidents when not handled properly. Train staff to take notes and file the notes in the formal record system as soon as possible
- Site management should be well trained in any on-site emergency equipment, such as a fire alarm system

For all but very minor incidents, carry out a formal review process, to ascertain

- Whether procedures were followed
- What was not done well
- What could be improved
- Is further training necessary
- Whether all relevant parties informed, and all appropriate reports filed
- Adjust Standard Operating Procedure as needed

PPE

- Provide proper protective gear and equipment as needed, from PPE to enclosed cabinetry, moving equipment and fire extinguishers
- Ensure plentiful hand washing stations to mitigate infection spread

J. Site Management

Storage

The Clinical Team will define what type of storage they need; this will evolve as the program develops, staff become more experienced, and the size and complexity of the operation grows or shrinks. **The Site Management team will require a significant amount of storage, as they will take delivery, store, and distribute much of the material that is used onsite, including:**

- Equipment (Non-clinical of all types and clinical not yet put into service, e.g., oxygen concentrators, oxygen tanks and rolling vitals carts)
- Food
- Unused meals for clients and possibly staff
- Perishable snacks, e.g., fruit and fresh milk
- Linens
- PPE
- Supplies in Bulk, e.g., cleaning, clothing, drinks, snacks, hygiene items, OTC *(see Bibliography - Internal Documents - OTC List Hotel QI Site_LowAnd-High Use Items)* medications, office supplies, etc.

The items to be stored will require a variety of equipment:

- **Cabinetry**
- **Canopies and Tents –** May provide useful storage where inclement weather is not a problem and security is adequate.
- **Refrigerators –** large amounts of perishable food, including client catered meals, fresh fruit and milk products require commercial units. Smaller home sized units are good for staff needs. Motel/hotel sized units are good for bedrooms and client use.
- **Safes –**Various sizes can be useful for different needs. Note that floor models are much less convenient than a shelf-sized unit

Infection Prevention and Control

All stored items, boxes, bags, bins, individual units, etc., must be stored off the ground/floor to avoid rodent, insect, water, and mold damage. You can use shelving or pallets or even furniture, if the items are not in direct contact with the ground/floor.

Types of Storage

Bins	Bins of different sizes, open and with folding top, will keep a wide variety of items, clean, organized, and available for immediate use. This includes individual clinician bins for PPE, where some items are reusable.
Cabinets (Unlocked)	Basic steel office cabinets on wheels proved quite useful. They can be ordered with a simple lock, which could be used or not, as needed. The wheels allowed easy reconfiguration as the operation evolved and a standard size allowed the creation of a variety of storage configurations, including temporary walls, 6'x18"x3' worked well.
Cabinets (Locked)	**Hard Reduction Inventory –** All substances kept in inventory to assist in encouraging clients to remain on-site for their full Q/I period, such as beer, whiskey, and marijuana in any form, must be kept in a locked and secure container. For small quantities we used a small safe set inside a steel cabinet; the safe was always locked, except when moving contents in or out and was kept out of site in the cabinet. Many clinical items may need to be stored in a locked container, due to the cost per item, the possible street value and/or constrained supply. If the cabinets are in well-traveled or guarded areas, the locks can be relatively simple.
Safes	Clinical may need safes of several different sizes for controlled substances that do not require refrigeration.
Refrigerators	• Some types of medicine will require medical grade equipment, including the ability to lock the access doors. In general, units the size of a home refrigerator run off 110v circuits and can be placed wherever there is a standard outlet. Note that security concerns may require placement in a regularly patrolled area or a locked room with key control. • Large, 2-door or walk-in refrigerators will be necessary to store daily catered meals before delivering to clients and back-up meals that are kept over night
Oxygen Cylinders	Must be stored in racks, to avoid being knocked over, falling over, and/or rolling around.
Shipping Containers (12' – 16')	Provide additional storage and security. They work well where you have adequate exterior space for convenient location and security. They do no work well for materials that can be damaged without climate control or items that need quick access.

J. Site Management

(Continued)

Types of Storage (Continued)

Carts and Other Wheeled Equipment	The clinical team will require a variety of wheeled items to assist in storing and moving their equipment and supplies, including small plastic drawer units on wheels for quick local access to PPE, sanitizing supplies and basic medical supplies.
Shelving	Most clinical items benefited by being in cabinets, keeping them orderly and dust free, however, in some cases open shelves were particularly useful for quick access and easy, informal, sight-based inventory control. **Adjustable** Units with adjustable height shelves can be very helpful to allow for different types of storage containers **Configuration** We recommend that you do not purchase shelves that form an L shape or are interlocking, as they are much less mobile and do not fit in many spaces; it is better to get various lengths and fit them together to optimize useful space and allow for moving to new locations as needed. **Size / Height** • Head height is preferred; any taller than that may create safety issues • Long, open shelves are good for large spaces, allowing most efficient loading and access • Shorter shelves are good for making full use of smaller spaces • 18” depth is enough for standard containers; 24” is best for larger containers **Strength and Stability** Heavy weight plastic (relatively stable and strong) is a good alternative between lightweight plastic (will not carry much weight and tips more easily) and steel shelves. Where weight on the shelves could be an issue, steel wire shelves are quite good, providing stability and weight bearing capacity.

1. Shelving (previous page)
2. Carts (previous page)
3. Bins (pg 123)
4. Shelving (pg 123)

CH 04
Lessons Learned

1 **Patient Data -** Use standard County patient databases as soon as possible. Where you don't have access, use a system that can be easily transitioned. During the surge period, an influx of new staff led to improvised data capture that proved challenging to manage within the County infrastructure (*see Bibliography - Internal Documents - Early Days_Medical Documentation*) (pg 96)

2 Implement Data Management early to provide adequate logs and records that will be required for daily updates, as well as long-term audits (pg 108)

3 Set up a simple, efficient reimbursement system for staff; otherwise, they will be hesitant to use their own funds. If they do not, you face the need of setting up a formal payment system that will work 7x24. (pg 115)

4 **Infection Prevention and Control –** All stored items, boxes, bags, bins, individual units, etc., must be stored off the ground/floor to avoid rodent, insect, water, and mold damage. You can use shelving or pallets or even furniture, if the items are not in direct contact with the ground/floor. (pg 122)

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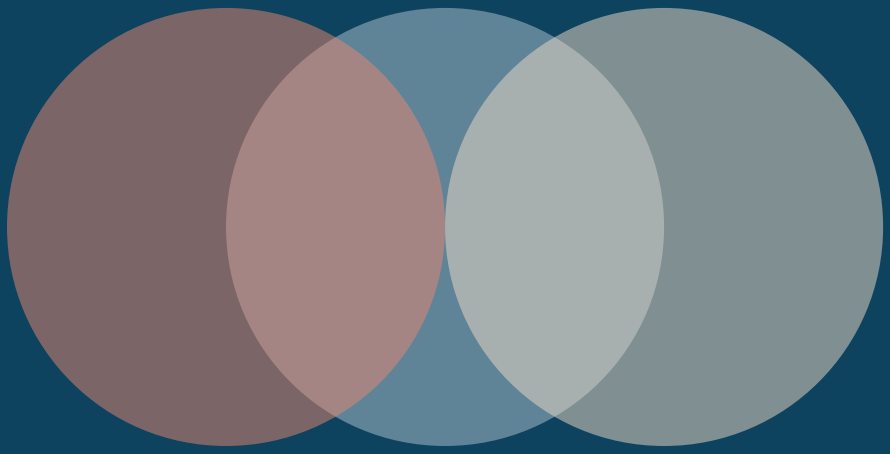
05



05 CLOSING A Q/I SITE

A. General

Who Decides

Senior County management decided when Q/I sites should be opened or closed. As the pandemic continued and more information became available about the nature of COVID-19 and the challenges associated with opening and closing Q/I sites, management leveraged different types of available facilities (Project Homekey, commercial hotels and motels, sobering centers, and recuperative care sites) to maintain a flexible and more tailored approach to providing the appropriate Quarantine and Isolation (Q/I) capacity for people experiencing homelessness.

Some Q/I sites were opened for short periods to address a critical but brief need while other sites were opened for longer periods to assure coverage for a minimum number of clients at all times.

Timing Involved

Announcement of Closing & the Date for the Final Client Intake Day:	≥4 weeks prior to the return of facility keys
Final Client Discharge/Transfer:	≥2 weeks prior to the return of keys
Final 2+ weeks before return of keys:	**Site Preparation:** • Complete full inventory of all supplies and equipment; begin packing • Reset furniture per agreement with facility management • Final deep cleaning • Complete facility damage inspection – prepare written report for all rooms with appropriate photos
Final 1 week before return of keys	• Finish packing and transport supplies and equipment • Complete walk through with facility management and agree on final damage report
Last Day	Complete a final check for anything that needs to be transported and turn the keys over to facility management

When the Decision is Made

Decisions resulted from complex calculations involving senior County leadership from a variety of departments, weighing all that is known at the time about the impact and possible evolution of the pandemic. In general, we maintained enough Q/I space to address the perceived need for the next 3 months, while maintaining back-up plans for a much greater need if it arose.

Site Closing Team

Identify one person on each team to be part of the Site Closing Coordination Team.

All teams will pack their own materials, requisitioning packing materials from Site Management. All teams will provide Site Management with a list of materials to be moved, including a clear description, location at the Q/I site, and destination with contact information.

Closing Team Responsibiltiies

Clinical	Will set the date for the last intake and inform all other teams on the date for the last discharge
Case Management	Will assist with securing discharge location and transportation
Site Management	• Will take the lead on most of the physical work, coordinating closely with all other teams • Keep everyone informed on any changes, particularly on who is responsible for what and deadlines • Will coordinate with all vendors • Will work with site owners on the final inspection and hand off
Security	• Security will continue to secure site, as there may be supplies staged outdoors for pick-up • Will be the last team to leave the site, after it is turned over to the original owners

B. Case Management & Client Services

Case Management Closing Checklist

Case Management will play a role to assist clearing clients out of the facility through discharge planning.

- ◯ Bring all records up to date well before final closing date
- ◯ Give clients notice of facility closing date
- ◯ Give clients notice if they will be transferred to another Q/I facility
- ◯ Establish discharge locations for all clients before facility closing date
- ◯ Have a back-up plan for client placement, in case it is not possible to place them by agreed empty site date
- ◯ Close out programs in database

C. Clinical

Clinical Responsibilities

Intakes	Will set the date for the last intake and inform all other teams on the date for the last discharge
Discharges	Will assist with securing discharge location and transportation
Records	Will take responsibility for: • Proper disposal of all unusable medications • Proper handoff of any remaining hard reduction materials • Packing and transporting all controlled and/or refrigerated medications • Organizing and packing all files; informing Site Management team where those files go and providing appropriate contact information

D. Mental Health

The Mental Health team will provide extra support for clients who may have difficulty when it is announced that their Q/I site is to be closed and that they will be moved to another site to complete their Q/I stay. This same support may be necessary for clients with mental health challenges, even if they will complete their Q/I stay and be placed in appropriate housing before the site closes.

E. Clinical Referral Team

This team's activities will end with the final intake date and turnover of all long-term records to the appropriate depository.

F. Partners

1. Fiduciary Partner

a) Alert appropriate staff to reduce supply orders to avoid increasing onsite inventory.
b) Alert all staff to submit invoices and reimbursement requests on time.
c) Confirm last date for vendor on-site service and pick-up of any equipment/supplies.
d) Confirm last date for all standard deliveries.
e) Confirm last date of employment for all relevant contractors and update contact information as needed.

2. When Site Owner is a partner

a) Permanent Site Changes - In some cases, changes we made to a partner site to accommodate Q/I, e.g., new wheelchair ramps, ADA entry doors, and outdoor smoking areas, proved beneficial to the site after Q/I left. Without misusing available Q/I funds, it may be possible to establish Q/I sites and at the same time add value to the site that will be useful post-Q/I.
b) Final Inspection - Coordinate with the site owner for the final inspection of the property. Draw on the inspection that was done when opening the site to avoid paying for damages, etc., that were present when Q/I established the site.
c) Furnishings, fixtures, equipment, and supplies – In some cases you may not have staff on your team who were there when the site opened. Plan to have documentation of anything that belongs to the site so you don't face difficulties with broken or missing items.

3. Site Owner - General

a) Make sure the owner is kept up to date on all relevant aspects of the planned shut down.
b) Schedule walk through after all activity, including moving, has been completed.

- Perform your own walk through before meeting with owner of building to understand the complete condition of the building. Refer to original walkthrough notes and photos.
- Bring original walkthrough records, including photographs, to remove any possibility of disagreement regarding damages and/or missing items.
- Complete an incident report for any damages or replacements that will be covered by the County and file appropriately.

c) Leave time for any agreed activities, e.g., final cleaning and repairs.

G. Site Management

Closing Process

1. General
2. Inventory Packing and Moving
3. "Q/I-in-a-Box"
4. Staff
5. Vendors

1. General

Talk with all teams and owner of the building well in advance of closing to assess expectations and understanding. Ask that all other teams assign a single point of contact for the move to provide clear, timely, and complete communication.

Put one site manager in charge of the entire project to make sure that all the pieces fit together and nothing is overlooked. You will likely need team leads for various aspects of the move, particularly for a large site (see sample task list in *Bibliography - Internal Documents - Closing a QI Site*).

2. Inventory, Packing, and Moving

Excess Inventory

- Adjust purchase orders well in advance to reduce the quantity of excess materials; distribute extra supplies and equipment as soon as possible to reduce quantities to be moved in the final days/hours.
- If you have other Q/I sites, keep some of the extra stock that could be useful. It is better to delay giving something away than find that you need it soon after moving - double check with other Q/I sites before giving anything away.
- Create specific area(s) for inventory that will be given away to avoid confusion and losing something important.
- Have a clear priority among possible organizations approved by management for distributing excess items.
- Do not invite too many organizations to pick up items at one time; it ends up becoming an uncontrollable “Black Friday sale.”
- Create complete inventories on all items being moved and/or given away, so you can easily organize at the new destination and/or account for final disposition of all items.

Transport

- **Breakable Items** - Transport breakable items in personal cars if possible.
- **Truck vs. Van** - One big box truck with electric lift can transport large quantities and allow easy loading, even for pallets; vans are more difficult to load and have limited capacity.

Closing-down a Q/I site is very similar to opening the site, only with more time to plan and execute the goals. Create a plan while you are still in full operation mode - it will allow you to adjust well before closing, which will be of benefit when it comes time to close-down.

H. "QI-in-a-Box"

Maintaining Inventory for the Last-Minute Setup of a Q/I Site

As the pandemic continued, it became apparent that we could face major fluctuations in the need for Q/I facilities. We had opened several new sites to address the first major surge in cases and as we closed those sites after the surge subsided, we decided to establish a back-up inventory to support opening one Q/I site quickly in case of another surge.

- We put everything non-perishable and non-electronic that we needed for the first 3 days of a 75-room motel Q/I site in a standard shipping container, which we placed in a gated County parking lot. Six months later we used it to open a new Q/I site in 48 hours (we had staff and the contract was signed).
- Electronic items should be stored in a climate-controlled space
- Perishables can be ordered at the last minute

Without the Need for a Shipping Container

Once that surge passed, instead of restocking a storage container, we used storage space at one of the two remaining Q/I sites to maintain a Q/I in a Box capacity, without the need for off-site storage.

We used this extra inventory to cover week to week surges at that site, as well as, opening a new Q/I site quickly. When our census jumped at that Q/I site, we drew on the Q/I in a Box inventory to avoid stock-outs. It was simple enough to replenish that stock and maintain the capacity to open another site at the last minute.

Vendors

- Review contract terms with vendor well in advance of shut down.
- Be clear about when services are to be ended and/or switched to a new location.
- Be clear on which supplies and equipment belong to the vendors; create a list of all items and confirm with vendors; label all vendor owned items clearly to avoid confusion during moving materials off site.
- Take the lead on coordinating between vendor, site owner, security, and other teams onsite.

Staff

- Keep enough knowledgeable team members on hand to complete all necessary closing activities and retain enough to cover any possible needs, e.g., opening another site now or in the near future - you can obtain sites, equipment, supplies and services much more easily than trained staff.
- Keep staff up to date on their individual status.
- If staff are being transferred to new
- Q/I jobs/existing locations, make sure there is a transition plan, including orientation and training.

Transferring staff to new Q/I sites

- Have at least one experienced or highly competent staff person on-site as soon as possible.
- Avoid staffing a shift with only one inexperienced staff person.
- Existing Site
- Pair transferred staff with site experienced staff for at least a period of training and orientation.
- Provide clear understanding to all staff as to what is happening to help smooth the transition.

CH 05
Lessons Learned

1 Closing-down a Q/I site is very similar to opening the site, only with more time to plan and execute the goals. Create a plan while you are still in full operation mode - it will allow you to adjust well before closing, which will be of benefit when it comes time to close-down. (pg 135)

2 **Maintaining Inventory for the Last-Minute Setup of a Q/I Site** (pg 136)

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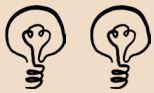

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zone 20, 24, 34, 44, 52, 53, 58, 74, 77, 111. See also Cold Zone, Warm Zone, Hot Zone

GLOSSARY

A

ADA – American with Disabilities Act: Sometimes used as an adjective in this document

ADL – Activities of Daily Living: Sometimes used as an adjective in this document

AED – Automated External Defibrillator

AMA – Against Medical Advice

B

Biowaste
We use the term to mean biological hazardous waste as opposed to all waste that will eventually decompose into organic material

C

Case Management
Worked in several different areas, including partnering with Clinical for the intakes and discharges; placement of client post-discharge (we placed 100% of willing clients); connecting client to all relevant homeless services, e.g., county, Veterans Administration, Social Security; general client services, including meals, snacks, spare clothing, harm reduction deliveries, issues with their accommodations

Client
Interchangeable with "patient", "resident", etc.; we choose a neutral, positive term for the people served by the project

Client Services
A subset of the Case Management Team, primarily handling meals, snacks, spare clothing, harm reduction deliveries, issues with their accommodations

Clinical / Clinical Team
In this text, we use these two terms to refer to all non- mental-health activities.

Clinical Referral Team
Over the course of the pandemic response, several different groups handled the interface between a team/facility that needed to place a client in quarantine or isolation and the various Q/I facilities. All those groups fell under the title Clinical Referral Team.

COVID Technician
The same as a "Med-Tech"; required at least a Medical Assistant license; handled taking client vitals, distribution and explanation of medications, and associated basic clinical details

CPR
Cardiopulmonary Resuscitation

D

DSW
Los Angeles County full time staff, who as part of their employment contract agree that "During emergency events, County employees may be called to act as Disaster Service Workers (DSW) to better meet the needs of the community and ensure the continuity of essential services." Los Angeles County employment contracts included the requirement that staff may be reassigned to assist in disaster response, e.g., major fire, earthquake, pandemic, etc. Many of the initial Q/I staff were DSWs because they were immediately available and often had relevant skills.

DHS – Department of Health Services

DMH – Department of Mental Health

DPH – Department of Public Health

E

EOC – Emergency Operations Center

F

Fiduciary Partner – Los Angeles County contracted with a well-known nonprofit partner to expedite new, modest-sized contracts; purchasing of supplies and materials; and handle all HR activities including hiring and termination

H

Harm Reduction – To encourage clients to come to a Q/I site and to remain for the necessary number of days, under clinical care, we provided a variety of substances that were a normal part of the client's daily routine, including alcohol, marijuana (smoked and edible), and tobacco. In some cases, clients took advantage of their Q/I period to detox under the guidance of the clinical staff.

HIPPA – Health Insurance Portability and Accountability Act of 1996

HMIS – Homeless Management Information Service used to record client information

Huddle – Euphemism for stand-up meeting; can be scheduled or ad hoc; primarily for brief information exchange, encouragement, identifying issues/challenges to be taken off-line

HVAC – Heating, Ventilation, and Air Conditioning

GLOSSARY

I

IBHIS – Integrated Behavioral Information Systems: LA County DMH database used to capture clinical, financial, and administrative data related to the clients they serve

IPC – Infection Prevention and Control; often known as just Infection Prevention (IP), covers all aspects of preventing the spread of infectious agents, particularly in the workplace

Isolation – Keeps someone who is sick or tested positive without symptoms away from others, even in their own home, defined by time in which a known infected person must remain away from others to prevent spread infection to other. The isolation period is used for symptomatic or asymptomatic people who test positive. If an asymptomatic person develops symptoms, the duration of isolation restarts the day symptoms develop.

L

LCSW – Licensed Clinical Social Worker

M

MA – Medical Assistant, also known as a clinical assistant or healthcare assistant, is an allied health professional who supports the work of physicians, nurse practitioners, physician assistants and other health professionals, usually in a clinic setting.

Mental Health and Mental Health Team – In this text, we reference all mental health-related activities as separate from "clinical" activities, as that is how our system was designed and operated.

N

NIMS – National Incident Management System (see fema.gov)

O

OTC – Over the Counter, I.e., nonprescription medications

P

PEH – People Experiencing Homelessness

PPE - Personal Protective Equipment includes basic supplies such as booties, clinical bonnets, eye protection of several types, gloves, gowns, sanitizing gels, spays and wipes. It may include more elaborate equipment, depending upon the specific pathogen.

Provider - any clinical personnel who can legally write prescriptions for medications

Q

Q/I - Quarantine/Isolation

Q/I in a Box – After the first major infection surge in the pandemic response, we closed most of our Q/I facilities. To allow for a sudden need in a 2nd surge, we maintained enough equipment and supplies in a storage trailer (except for climate sensitive items, which were stored in an appropriate location) to support opening a 70 room Q/I site quickly. It proved to be highly useful when we had to reopen facilities for the next surge, as we could deliver the trailer direct to the site, unpack, and be ready for intakes within 48 hours.

Quarantine – keeps someone who was in close contact with someone who has been infected away from others, defined by time after an exposure in which a person must remain away from others because they may develop infection and spread it without their knowledge. If at any point, this person develops symptoms, they must then isolate.

R

Resident Aide – Assisted Q/I clients with activities of daily living and assessed for and delivered basic needs items to client rooms throughout the day to ensure a client will stay during quarantine. Resident Aides will also coordinate and schedule transportation out of quarantine and isolation site.

S

Single Point of Contact (SPOC) – provides clear channel for communication, particularly helpful for projects, inter-team communication and obtaining authorizations as needed

Site Management – For this Q/I Medical Site project the Site Management team supported all other teams including Client Services, Clinical and Mental Health. Site management had final responsibility for all non-clinical, non-social service activities at and between all Q/I sites. The term Site Management is equal to Operations Management.

Social Distancing – The recommended distance for markedly reducing the possibility of disease transmission during regular work, i.e., staff are not wearing full PPE, only basic PPE, e.g., masks

SOP - Standard Operating Procedure

SUD - Substance Use Disorder

Z

Zone/Cold – Areas that should never host infected or exposed individuals, to be defined and approved by the clinical team; this area requires the lowest level of PPE protection to be set by clinical team

Zone/Hot – Areas set aside, appropriately defined, labeled, and secured for infected or exposed individuals to be defined and approved by the clinical team; PPE requirement to be set by clinical team

Zone/Warm – Areas that may, under certain circumstances increase an individual's possible exposure, to be defined and approved by the clinical team; requires the highest level of PPE protection, to be set by the clinical team

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Acknowledgements

A special thanks to Supervisor Districts 1, 2, 3, 4 & 5 and the following organizations:

Health Services
LOS ANGELES COUNTY

CONRAD N. Hilton FOUNDATION

HOLLIDAY'S HELPING HANDS

COUNTY OF LOS ANGELES OFFICE OF EMERGENCY MANAGEMENT CHIEF EXECUTIVE OFFICE

COUNTY OF LOS ANGELES
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www.archive.org/details/qims-value-analysis

First Edition
Printed in USA
ISBN NO. 979-8-218-12606-3

Typefaces used:
Neue Haas Grotesk Text Pro
by Max Miedinger, Linotype Foundry
Photos courtesy of LA County
Publication Design & Illustration
by Jun Ha (www.junha.art)

The contents of this playbook are directly drawn from the experiences of the Department of Health Service's Quarantine and Isolation Medical Shelter (QIMS) team with setting up, operating, and closing QIMS sites for Los Angeles County during the COVID-19 pandemic from 2020 to 2022.

Should the need to open a similar program arise, we hope you will be able to take from our learnings and build upon these lessons learned, as they have proved to be indispensable practices for us in saving time, costs, and resources.